**Course Overload Request Form**

*(For HHS Advising Center Advisees only)*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( ) Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Current GPA: \_\_\_\_\_\_

Classification (Circle one): FR SO JR SR Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Term of course overload (Circle one):

 Fall Spring &/or Winter Summer I Summer II

 **\*\*\*Winter Session credits count toward total maximum Spring credit hours\*\*\***

1. How many total credit hours do you propose to take? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Using the table below, list ALL the courses you plan to take during your overload semester:

|  |  |  |
| --- | --- | --- |
| Course Prefix and Number | Section Number | Credit Hours |
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1. Please provide a clear and concise explanation describing your reason(s) for this request.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*An email response will be provided within two business days\*\*\***

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| --- |
| FOR OFFICE USE ONLYApproved \_\_\_\_\_\_ Denied \_\_\_\_\_ Advisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Updated in Banner? |