Overload Request Form
Kelce College of Business

This form must be completely filled out, signed by your academic advisor and submitted to the Dean's Office, 101 Kelce. Attach a copy of transcript, current class schedule and degree audit to this document. **(Note: a 3.0 cumulative GPA is minimum for overload consideration.)**

Name: _____ Student ID #: _____

Email Address: _____ Major(s): _____

Current Overall GPA: _____ Intended Graduation Date: _____

Total Hours Requested with Overload: _____

Overload Semester: Fall Spring Summer 20____
Reason for request: (Provide a detailed explanation of your request. Use additional pages if needed.)

Student Signature: _____ Date: _____
Take this form to your academic advisor.

I have talked with my advisee about the request for additional credits and the implications of taking on an additional course.

   We have agreed that this is the best solution to address my advisee's concerns.

   Taking a course overload this semester may not be in the student's best interest.

Rationale:

Academic Advisor's Signature:_____ Date:_____

Forward completed form to KUSB Faculty Chair or Associate Dean.

   I approve this request. This request is denied.

Faculty Chair or Associate Dean: Signature _____ Date:_____

Forward completed, signed form to the Dean's Office, 101 Kelce, to enter over-ride.

Approved form to be placed in student's academic file in academic advisor's office.

10/4/24