

Overload Request Form

College of Education

Student Section:

Name: _____

Student ID: _____

Major: _____

Grade Point Average: _____

Overload Requested: _____

Semester Requested: _____

Intended Grad. Date: _____

Reason for request: (Provide a detailed explanation of your request. Use additional pages if needed.)

Student Signature: _____ Date: _____

Take this form filled out to your advisor.

Advisor Section:

_____ I have talked with my advisee about the request for additional credits and the implications of taking on an additional course. We have agreed this is the best solution to address my advisee's concerns.

Rationale for overload:

Advisor Signature: _____ Date: _____

Take this form filled out to the department chairperson.

Department Chairperson Section:

_____ I am aware of this request and agree with it.

Rationale for overload:

Chairperson Signature: _____ Date: _____
Take this completed form to the Dean's Office, 115 Hughes Hall.

Dean Section:

Dean Signature: _____ Date: _____

Items of Importance:

1. This form is for only **undergraduate students** requesting over 21 hours in the Fall or Spring semesters or over 12 hours for the Summer semester.
2. This form must be completely filled out, approved by your advisor and department chairperson and submitted to the College of Education Dean, 115 Hughes Hall.
3. Attach a copy of your transcript, current class schedule, and degree audit to this document.