

COLLEGE OF SCIENCE AND ENGINEERING

Request for Course Overload

Please Print Legibly

Name: _____
A#: _____
Major: _____
Semester: _____

Date: _____
Phone: _____
GPA: _____
Classification: _____

Reason for Overload: _____

List all of the courses you wish to take this term. Be sure that times & days of each are compatible.

Mini-Semester Courses:

CRN	Course & Section Number	Course Title	Hours
_____	_____	_____	_____
_____	_____	_____	_____

Regular Session Courses:

CRN	Course & Section Number	Course Title	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL

How many hours per week do you work? _____

I understand that I will have no life because of this course schedule (initial): _____

Academic Advisor Comments (attach file and transcripts):

RECOMMEND []

NOT RECOMMENDED []

Academic Advisor Signature: _____

Date: _____

Associate Dean Comments:

APPROVED []

DISAPPROVED []

Associate Dean's Signature: _____

Date: _____

(for Office Use only)

Processor (Print) _____

(Sign) _____

Date _____

Called (Print) _____

Spoke With _____

Left Message _____

Date _____

(Circle One)