College of Science and Engineering
Request for Course Overload

Name: _____ Date: _____

ID#: _____ Phone: _____

Major: _____ GPA: _____

Semester: _____ Classification: _____

Reason for Overload: _____

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

CRN	Course Number and Section	Meeting Days/Times	Hours

TOTAL _____

How many hours per week do you work? _____

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

Advisor Comments (attach file and transcript):

Advisor Signature: _____ **Date:** _____

Associate Dean Comments:

APPROVED [ ] **DISAPPROVED [ ]**

Associate Dean Signature: _____ **Date:** _____

Revised: Fall 2011