

COLLEGE OF SCIENCE AND ENGINEERING

Request for Course Overload

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

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

Provide

Justification: _____

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

Mini-Semester Courses: (if applicable)

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

Regular Session Courses: (example in grey)

CRN (10123)	Course/Section (CHEM1412.001)	Course Title (General Chemistry II)	Hours (4)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL HOURS REQUESTED: _____

How many hours per week do you work? (If unemployed, put 0) _____

If my request is approved, I understand approval is for the schedule presented on this form. (Initial) _____

PLEASE EMAIL COMPLETED FORM TO SEADVISING@TAMUCC.EDU

Academic Advisor Comments (attach unofficial transcript):

RECOMMEND

NOT RECOMMENDED

Academic Advisor Signature: _____

Date: _____

Associate Dean Comments:

APPROVED

DENIED

Associate Dean's Signature: _____

Date: _____

(for Office Use only)

Processor (Print) _____

(Sign) _____

Date _____

Called (Print) _____

Spoke With _____

Left Message _____

Date _____