



Office of the Registrar

TENNESSEE TECH

REQUEST FOR STUDENT OVERLOAD

Student Name: _____ T#: _____ Term/Year: _____
(Last) (First) (MI)

Graduation Date: _____ Major: _____

Semester Hours Requested: _____ Classification: _____ GPA Last Term: _____

Overall GPA: _____ Number of Hours Earned to Date: _____

Student Signature: _____ Date: _____

Additional Required Signatures:

Advisor: _____ Date: _____

Department Chairman: _____ Date: _____

College Dean: _____ Date: _____