

REQUEST FOR STUDENT OVERLOAD

_____ Semester/Year

(Fall, Spring, Summer)

(Instructions: Complete card, obtain required signatures and turn in to the Registration Center – Derryberry Hall, Room 121.)

Name _____

Last, First, Middle

Student ID# _____

Graduation Date _____

Major _____

Semester Hours Requested _____

Classification _____

Grade Point Average Last Term _____

Overall GPA _____

Number of Hours Earned to Date _____

Department Chairman _____

Date _____

College Dean _____

Date _____