REGISTRATION HOURS OVERLOAD

Name (Printed) ___________________________________________ ID#____________________________

Last                                                                 First                                                   Middle

Please note: Students who are on academic warning cannot be approved for overloads.

I understand additional or late withdrawals are not likely to be approved on the basis of overload registration.

Student Signature ___________________________________________ Date __________________

Processed by _____________________________     Date__________________

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Fall or Spring semester:

FALL    SPRING    20____ Requested # of hours ____________

Anticipated Graduation: ____________ Overload course: ____________

Reason for overload request: ____________________________________________

____________________________________________________________________

To register **19 to 21 hours**, the approval of your academic advisor is required:

Advisor Signature: _____________________________________ Date ______________

To register **22 or more hours**, the approval of the Registrar is required:

Registrar Signature: ___________________________ Date ______________

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Summer semester:

SUMMER    20____ Requested # of hours _______    Anticipated Graduation: ____________

Planned Schedule: (please circle term/s)

TERM (M, I, II, III, IV) COURSE(S)

TERM (M, I, II, III, IV) COURSE(S)

TERM (M, I, II, III, IV) COURSE(S)

Reason for overload request: ____________________________________________

____________________________________________________________________

To register **11 or more hours**, the approval of the Registrar is required:

Registrar Signature: ___________________________ Date ______________

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Student Signature_________________________________________ Date __________________

Processed by _____________________________     Date__________________

Rev. 04/2019