

Please list all courses you plan to register for below including the course(s) you are requesting to enroll in as an overload.

Total # of proposed credits for the term: _____

	Class #	Subject	Catalog #	Section #	Credits	Session
Example	12345	History	201	001	3	14 wk

Justification for Overload Request

Please write a brief statement justifying the overload you are requesting. Explain how you will successfully complete all work by the end of the term. If denial of this request affects your graduation, please explain.

 Student Signature Date

Please return this form to an Academic Advisor in the UARC (D130).

Office Use Only:	Student's CGPA: _____			
Student meets all criteria				
Academic Advisor:	Approved*	Denied	_____	_____
			Signature	Date
Student does not meet the criteria				
Assistant Director or SAAO:	Approved*	Denied	_____	_____
			Signature	Date
COMMENTS:				

***Please consult with the Student Accounts Office in Dempsey 236 regarding fees or call (920) 424-1332.**