



OVERLOAD REQUEST FORM

Student Name: _____
Last Name First Name Middle Name

PROGRAM you are presently ENROLLED in:

Department: _____ Major(s) if any: _____

Reason for seeking overload:

Student's Cumulative GPA: _____

Student's Signature

DATE [mm / dd / yr]

Advisor's Signature

DATE [mm / dd / yr]

Department Chair's Signature

DATE [mm / dd / yr]

Academic Dean/Dean's Signature

DATE [mm / dd / yr]

Received at OTR _____
Registrar

DATE [mm / dd / yr]

The student is responsible for submitting this form to the OTR after the above is completed.