Overload Appeal



Student's Name		Student's ID #	_
Local Address (City, State, Zip)		Phone Number (Cell or Local)	Email Address
The total number of hours requesting t	to be enrolled in	Current Cumulative GPA	
For the semester following semester:	Fall of	Spring of Summer of _	
Please indicate you schedule in the tab	ole below. Please place t	he course that will be taking you over 18 cr	edits with a star beside it.
Subject & Catalog #	Credit Hours	Subject & Catalog #	Credit Hours
Brief Explanation /Rationale for the O	verload Request:		
to my accumulative grade point average	ge. I sign this agreement verload, I must withdray	m allowed and that I have been advised the t with full knowledge that if my request is do y from the course within the time stated in the	enied, or if I later choose to
All hours beyond 18 are charged an ex	tra fee by the Bursar.		
		After the first semester, the college office rival. As a guide, approval will be granted ba	
15-16 hours on warning or p 19 hours 2.5 GPA (or 2.0 if 20 hours 3.0 GPA 21 hours 3.5 GPA 22 + hours needs Associate	19 th hour is HPE)		
	0 uppro rui		
Student Signature		Date	
Office Use Only			
Approved Der		Designee, College of Arts & Sciences	Date