



## OVERLOAD REQUEST FORM

Date:		
Name:		ULID:
Cell Phone:		Email:
Major:		Concentration:
Anticipated Graduation Date:		Overall Cumulative GPA:
Semester for which overload is requested:		Number of credits you want permission to take:
Course (name and number):	Section ID number (CRN):	Section Number:
Why is this overload necessary?		

Student's Signature:	Date:		
Department Head/Asst. Department Head	Date	Approve	Deny
Assistant Dean's Signature:	Date:	Approve	Deny

Additional Comments:	