

Please print all information

Enrollment Status (Check One): Graduate UG Evening Student UG Day Student Certificate Non-Degree

Student Name: _____ Student ID#: _____

Mailing Address: _____ Phone No.: (_____) _____

City, State, Zip: _____

Major(s): _____ Residency: On Campus Off Campus

Section I—Student Request and Unofficial Transcript Attached

I am requesting to take _____ semester hours of course work
number of credits

during the Fall Spring Summer Session _____ semester of 200____.

My reason for taking an overload is (explain in detail):

Student's Signature: _____ Date: _____

Unofficial Transcript Attached All Information is Complete

Section II—Advisor's Recommendation

Approved Denied

Advisor's Signature: _____ Date: _____

White—Registrar Yellow—Advisor Pink—Student