# REQUEST FOR OVERLOAD

Date: _______________

Full Name: ___________________________________________   Student ID#:___________________________

E-Mail: ___________________________________________   Graduate Program: ________________________________________

Projected Graduation Date: _________________________

Requesting permission to take an overload for __________ credit hours during __________ quarter. The student’s class schedule for this quarter is as follows:

<table>
<thead>
<tr>
<th>CALL #</th>
<th>AUDIT</th>
<th>COURSE PREFIX/NO.</th>
<th>SECTION</th>
<th>COURSE TITLE</th>
<th>DAYS</th>
<th>TIME</th>
<th>CREDITS</th>
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</table>

Total Credits __________

Cumulative GPA _________ Previous Quarter’s GPA _________ Any incomplete credits? _________ If so, how many? _________

If registered for a practicum, is that practicum a part of the students’ work program? Yes ☐ No ☐

Rationale for Overload:
_________________________________________________________________________
_________________________________________________________________________

STUDENT                                        DATE
_________________________________________________________________________________________________________________________________________________________

ADVISER                                        DATE              PROGRAM DIRECTOR                                                                                                      DATE

DO NOT WRITE BELOW THIS LINE

**ACTION:**

DEAN OF GRADUATE STUDIES                                                        DATE

Revised 8-20-18