Request for Overload
20 credits/5 units when criteria not met
21 credits/5.25 units or more

Note: This form is used for students who do not meet the criteria to register for 20 credits (5 units) or who wish to register for 21 or more credits (5.25 units).

Name:_____   Student ID: 800-_____

Student Email Address_____ Student Signature_____

Semester of requested overload: Fall Spring   **Year: _____**

Current Course schedule

Dept. Prefix & Course No.	Course Title	No. of Credits (1 Unit = 4 credits)

Additional Course(s)to be ADDED:

CRN No.	Dept Prefix & Course No.	No. of Credits (1 Unit = 4 credits)

Course(s)to be DROPPED:

CRN No.	Dept Prefix & Course No.	No. of Credits (1 Unit = 4 credits)

Reason (please describe why this course cannot be taken another semester and why your schedule cannot be rearranged to accommodate the course):

_____

Overall GPA_____ Major _____   Major GPA _____

Expected Graduation Date_____ Total Credits Completed _____

Endorsement of Advisor _____ Date: _____
(In my opinion, this academic load is in the student's best academic interest.)

Comments of Advisor_____
_____

Signature of Dean reviewing request _____ Date _____

Not Approved _____   Approved _____ **Total Hours Approved: _____**