

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

Current Course schedule

Dept. Prefix & Course No.	Course Name	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 GPA _____ Major _____

Expected Graduation Date _____ Total Credits Completed _____

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

Endorsement of Department Chair _____ Date: _____

Comments of Advisor/Chair:

Signature of Dean reviewing request _____ Date _____

Not Approved _____ Approved _____ Total Hours Approved: _____