

College of Science and Technology Request for Course Overload

Name: _____

Date: _____

ID#: _____

Phone: _____

Major: _____

GPA: _____

Freshman [] Sophomore [] Junior [] Senior [] Graduate []

Reason for Overload:

Courses wanting to take: *(list all courses)*

Semester: _____
(Please do a separate form for each semester)

Call No.	Course/Section	Credits	Call No.	Course/Section	Credits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you working? *If yes type of job & hrs per week:* _____

I understand I will have no life because of this schedule (*initials*) _____

Office Use:

Dean's Notes: Transcript Attached [] Student File Attached []

Approved [] Disapproved []

Dean/Associate Dean's Signature

Date