

**Overload Request Form**

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| --- | --- | --- | --- |
| Name:  Click here to enter text. | Banner ID:  Click here to enter text. | Telephone:  Click here to enter text. | |
|  |  |  | |
| Address:  Click here to enter text. | Degree Program:  Click here to enter text. | Program Name:  Click here to enter text. | |
| Concentration/Specialization (if applicable): Click here to enter text. | | | |
|  |  |  | |
| Are you currently employed? | Yes  No If yes, number hours/week? | | Click here to enter text. | |
| **Year and term of overload**: | **Term:** | | |
| Year: Click here to enter text. | Fall | Summer I | |
| Spring | Summer II | |

Number of semester hours you are requesting to take in above term? \_\_\_\_\_\_\_\_\_\_\_

List all of the courses for which you would like to register during the term of this request.

|  |  |  |
| --- | --- | --- |
| **Course Prefix:**  Click here to enter text. | **Course Number:**  Click here to enter text. | **Section Number:**  Click here to enter text. |
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|  |  |  |
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Reason(s) for this request. *Make a case for your request beyond that you want to finish your course work earlier.*

Student Signature Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Director:** Click here to enter text. | |  |  | | --- | --- | | **Please Select One** | **Recommend approval** | | **Recommend denial** | |

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Program Director’s Signature Date

***For Graduate School Office Use Only:***

|  |  |
| --- | --- |
| Current Grade Point Average:\_\_\_\_\_\_\_ ( \_\_\_\_\_\_ SH) | Currently enrolled in: \_\_\_\_\_\_\_\_\_\_\_\_SH |
| Action Taken: o Approve o Deny | Date Entered:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_(initial) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dean Signature, The Graduate School Date