

**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. |

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| **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