MIDDLE TENNESSEE STATE UNIVERSITY COLLEGE OF BASIC AND APPLIED SCIENCES REQUEST FOR OVERLOAD

Name of Student	M #
Major	Department
	Semester Year
	(If Summer, indicate hours per session)
Total Semester Hours Desired	Full Term
Total Hours Earned	May Term (S1)
Quality Point Average (GPA)	June Term (S2)
	July Term (S3)
	RODP Term (R)
Reason for Requesting Overload	
1. Quality Point Avera	ge
2. Candidate for Degre	ee Next Convocation
3. Repeating	Hours
4. Other: Explain	
 Students must have a 3.5 average Students must have a 3.0 average CSCI 1000. 	es require the signature of the department chairman: on all college work attempted in order to take 21 hours in a semester in order to take 19 hours provided that 1 hour is MS, PHED activity or llowed an overload in the last semester prior to graduation.
DATE	SIGNATURE OF ADVISOR

DATE

For approval, take this form to: Jennifer Danylo (if your last name starts with A-L) College of Basic and Applied Sciences, JH 256 SIGNATURE OF DEPARTMENT CHAIR (See note above.)

Karen Case (if your last name starts with M-Z) College of Basic and Applied Sciences, JH 119