

REQUEST FOR OVERLOAD

Name of Student _____	M# (no SSNs) _____	Today's Date _____
Student's Phone _____	Major _____	Department _____
_____ Undergraduate	Fall	
_____ Graduate	Spring	
	Summer _____	
	(circle one) Year	

NOTE: The following sections must be completed fully or your request will be denied.

Number of Hours desired _____	If Summer, show hours per session:
Total Hours Earned _____	Session I _____
Grade Point Average _____	Session II _____
	Session III _____
	Session IV _____

REASON FOR REQUESTING OVERLOAD (check all that apply)

- _____ 1. Quality Point Average
 - _____ 2. Candidate for Degree next Convocation _____ (semester)
 - _____ 3. Repeating _____ hours
 - _____ 4. Other (Explain) _____
- _____

Signature of Advisor

Advisor (Please print name)

RETURN THIS FORM TO:

_____ Approved for _____ hours Denied _____
Dr. Zeny Panol, Associate Dean
College of Media and Entertainment

GPA Requirements:
• to obtain a 1 hour overload: 3.0
• to obtain a 2+ hour overload: 3.5
• or must be in your last semester to graduate

Reason for denial _____

Date _____