REQUEST FOR OVERLOAD

Name of Student ___________________________ M# (no SSNs) ___________________ Today’s Date ___________________________

Student’s Phone ___________________________ Major ___________________________ Department ___________________________

_________ Undergraduate Fall ___________________________ Spring ___________________________

_________ Graduate Summer ________________ (circle one) Year ___________________________

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

Number of Hours desired ________
Total Hours Earned ________
Grade Point Average ________

If Summer, show hours per session:
Session I _____
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:

________________________________________
Dr. Roy L Moore, Dean
College of Mass Communication

Approved for ________ hours  Denied ________

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 ______________________________________

________________________________________
GPA Require________
ments:  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

________________________________________
Date

Reason for denial ______________________________________