

OVERLOAD REQUEST FORM

(* REQUIRED) PLEASE PRINT ALL INFORMATION. Incomplete forms cannot be processed.

*ID #:B _____

*Name: _____

*Address: _____
Street Apt #

City State Zip

*I request to be allowed to register in _____ semester hours for Term: _____ Year: _____.
 My *grade point average is _____ (must be 3.0 or higher).

CRN NUMBER	DEPARTMENT	COURSE NUMBER	CREDIT HOURS

NOTE: Enrollment in a closed/restricted class requires signed approval by the chair of the department in which the class is located. See below.

*Expected Graduation Date: _____
* Signature *Date

THE FOLLOWING APPROVALS ARE REQUIRED FROM THE APPROPRIATE MAJOR OR MINOR PERSONNEL:

*Academic Advisor: _____ Date _____

*Department Chair: _____ Date _____

*College Dean: _____ Date: _____

CLOSED/RESTRICTED CLASS

*Department Chair: _____ Date: _____

* Provost: _____ Date: _____

For Over Twenty-One (21) Hours

TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

Approved Denied University Registrar: _____ Date _____

Recorded By: _____ Date _____

08032009

Return to:

*Office of the Registrar
 McCastlain Hall, Room 112
 FAX: 501-450-5734*