<u>Undergraduate Student Overload Request Form</u>

Name:		Today's Date:		
B#:				
Local Address:				
		OV	ERLOAD REQUESTED FOR	
			ester: /ear:	
A. Credits completed previous B. Total credits completed to C. Major: D. Expected graduation date	to date:			
II. A. Total number of credits y B. All courses you hope to 1.		s) you with to take as a	an overload.	
2				
Academiœxcellence Though I do not mee	owing criterion of approventhe ester 3.0 GPA, (1) course only at either of the two establishing extraordinary, extend	only or 3.5 GPA, mor or 3.8 GPA, more that ned criteria, I believe	e than (1) course an (1) course I should be granted an	
Student's signature:				
Your overload request for	credits has been:	Approved	Denied	
Advisor			Date	