

**Overload Request Form**

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| --- | --- | --- |
| Name:Click here to enter text. | Banner ID:Click here to enter text. | Telephone:Click here to enter text. |
|  |  |  |
| Address:Click here to enter text. | Degree Program:Click here to enter text. | Program Name:Click here to enter text. |
| Concentration/Specialization (if applicable): Click here to enter text. |
|  |  |  |
| Are you currently employed? [ ]  Yes [ ]  No | If yes, how many hours per week? Click here to enter text. |  |
|  | **Select One:** |
| **Year**: Click here to enter text. | [ ]  Fall | [ ]  Summer I |
| [ ]  Spring | [ ]  Summer II |

I am requesting permission to take \_\_\_\_\_\_\_\_\_\_\_ semester hours during semester and/or summer session listed above.

List all of the courses for which you would like to register during the semester and/or summer session of this request.

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| --- | --- | --- |
| **Course Prefix:**Click here to enter text. | **Course Number:**Click here to enter text. | **Section Number:**Click here to enter text. |
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|  |  |  |
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Reason(s) for this request *(Note: Make a case for your request. Provide your Program Director with sufficient information for making a decision. Your rationale should be more specific than just saying you want to finish your course work earlier.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Director:** Click here to enter text. |

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| **Please Select One** | [ ]  **Approved** |
| [ ]  **Denied** |

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Program Director’s Signature Date

***For Graduate School Office Use Only:***

|  |  |
| --- | --- |
| Current Grade Point Average:\_\_\_\_\_\_\_\_\_ ( \_\_\_\_\_\_ SH) | Currently enrolled in: \_\_\_\_\_\_\_\_\_\_\_\_SH |
| Action Taken: o Approved o Denied | Date Entered:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_(initial) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Dean Signature, The Graduate School Date