

## Undergraduate Credit Hour Overload Request Form

Fall, Spring and Summer Terms

1-18 Credits: No additional permission required

19-21 Credits: Faculty Advisor and Chair

22-24 Credits: Faculty Advisor, Chair and Dean

25-27 Credits: Faculty Advisor, Chair, Dean and Associate Vice President for Curriculum

Student's Name \_\_\_\_\_

Last

First

Middle Initial

Tech ID: \_\_\_\_\_

1. TO BE COMPLETED BY STUDENT

My classification is: \_\_\_\_\_FR \_\_\_\_\_SO \_\_\_\_\_JR \_\_\_\_\_SR

My major(s) : \_\_\_\_\_

I have completed \_\_\_\_\_ credits with a cumulative GPA of \_\_\_\_\_

I request permission to enroll for \_\_\_\_\_ credits in \_\_\_\_\_ term, 20\_\_\_\_

My reasons for this request are as follows: \_\_\_\_\_

2. TO BE COMPLETED BY THE STUDENT'S ADVISOR

\_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

3. TO BE COMPLETED BY DEPARTMENT CHAIR/DIRECTOR OF FYE (Undeclared Students)

\_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

4. TO BE COMPLETED BY COLLEGE DEAN (If required)

\_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

5. TO BE COMPLETED BY ASSOCIATE VICE PRESIDENT FOR CURRICULUM (If required)

\_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_