

PERMISSION FOR GRADUATE STUDENT TO CARRY COURSE OVERLOAD

Students are to complete the top portion of this form and return it to Records and Registration, 126 Tillman Hall, for the appropriate signature. It is the responsibility of the student to secure the signatures of the Graduate Advisor, Graduate Director, and Academic Dean.

Term: (circle one) Fall Spring Summer 20 _____

Last Name *First Name* *Middle Name* *Student Number*

I request permission to register for _____ semester hours.

List the courses you wish to take:

Call Number	Subject	Course Number	Semester Hours

Reason for Request: _____

Student Signature *Date*

Graduate GPA

Records and Registration *Date*

Approved: Yes No

Graduate Adviser *Date*

Yes *No*

Graduate Director or Academic Dean *Date*

Yes *No*

Registrar *Date*

Approved overload form MUST be presented to Registration personnel at the time the student registers for overload.