

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 all courses for which you wish to register:

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

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