

Permission for Graduate Student to Carry Course Overload

Return approved form to The Graduate School (211 Tillman Hall, gradschool@winthrop.edu, or fax: 803-323-2292).

Term: (choose one) Fall Spring Summer 20 _____

Last Name *First* *Middle* *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

Approved:
 Yes *No*

 Yes *No*

The Graduate School *Date*

Graduate Advisor *Date*

Graduate Director or Academic Dean *Date*