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

Approved: ☐ *Yes* ☐ *No*

☐ *Yes* ☐ *No*

_____ _____

Records and Registration *Date*

_____ _____

Graduate Adviser *Date*

_____ _____

Graduate Director or Academic Dean *Date*

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

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