

COLLEGE OF LAW REQUEST FOR OVERLOAD

Name _____ Mailbox # _____
Last First
SSN _____

I request to take a total of _____ credit hours for _____ Semester, 19 ____.

REASONS FOR THIS REQUEST ARE:

I understand that overloads will not constitute an acceleration nor substitute for the number of semesters of residence required for graduation.

Student Signature Date

To Be Completed by Academic Services Personnel

Current GPA _____ Hours Completed _____

Previous Overloads Approved for _____ terms.

- Approved
- Denied

Associate Dean Signature Date