

REQUEST FOR CREDIT OVERLOAD

Permission is required to take course loads <i>exceeding</i> 15 hours in the Fall, Spring, or Summer semesters.					
NAME:		First	M.I.	STUDENT ID:	
E-MAIL ADDRESS:			TELEPHONE #:		
OVERLOAD REQUESTED FOR: YEAR			FALL SPRING	SUMMER	
WILL YOU BE A T.A. OR R.A. DURING THE SEMESTER IN QUESTION? YES NO					
SIGNATURES: DATE: Student					
DEPT.: DATE: Director of Graduate Studies					
PROPOSED COURSE SCHEDULE:					
COURSE PREFIX-NUMBER	CREDIT HR	OVERLOAD (√)	COURSE PREFIX-NUMBER	CREDIT HR	OVERLOAD (√)
REASON FOR REQUEST (PLEASE STATE CLEARLY)					
SUBMISSION: Please email to <u>GSAdmissions@uky.edu</u>					
APPROVED: YES	PPROVED: YES NO DATE: Senior Associate Dean				
ENTERED: NOTIFIED:					