

REQUEST FOR CREDIT OVERLOAD

Permission is required to	take course loads	exceeding 15 hours in the Fall	or Spring semesters a	nd 12 hours in the Summer Semester.
NAME:Last First			M.I.	STUDENT ID:
E-MAIL ADDRESS:				
OVERLOAD REQUESTED	FOR: YEAR	FALL	SPRING	SUMMER
WILL YOU BE A T.A. OR F	a.A. DURING THE	SEMESTER IN QUESTION?	YES N	NO
SIGNATURES:	Studen	DATE:		
Director of Graduate Studies			Print/Type Name	DATE:
DEPT.: _ PROPOSED COURSE SCHE				
″"(%& #%1fl+!(ž°~~%	CREDIT HR	COURSE PREFIX+NUMBER	CREDIT HR	Select Overload Course in Dropdown Lie
REASON FOR REQUEST (PLEASE STATE CL	EARLY)		·
SUBMISSION: Please en	•			
https://gradschool.uk	y.edu/academid	c-affairs-officers-0		

Modified 4/25

Print Form

Reset Form