

## REQUEST FOR CREDIT OVERLOAD

Permission is required to take course loads *exceeding*: 1) 15 hr in the spring or fall semesters, 2) 12 hr in the 4-week and 8-week sessions combined, 3) 9 hr in the 8-week session when carrying 3 hr or less in the 4-week session, 4) 4 hr in the 4-week session when carrying 8 hr or less in the 8-week session.

NAME:				STUDENT ID:	
Last		First	M.I.		
CURRENT ADDRESS:					
E-MAIL ADDRESS:			TE	LEPHONE #:	
OVERLOAD REQUESTE	D FOR: YEAR _	□ FALL	□ SPRING □	1 <sup>ST</sup> SUMMER SESSION	□ 2 <sup>ND</sup> SUMMER SESSION
WILL YOU BE A T.A. OR	R.A. DURING THE S	EMESTER IN QUES	TION?   YES	NO	
SIGNATURES:	Student		DATE:		
	Director of Gradua		DEPT.:		DATE:
PROPOSED COURSE SC	HEDULE:				
COURSE PREFIX-NUMBER	CREDIT HR	OVERLOAD (√)	COURSE PREFIX-NUMBE	CREDIT HR	OVERLOAD (√)
REASON FOR REQUEST	(PLEASE STATE CLE	ARLY)			
Return the completed fo	orm to The Graduate	School, Room 202,	, The Gillis Building, I	University of Kentucky,	Lexington, KY 40506-0033
APPROVED:   YES  NO  Senior A			DATE:		
ENTERED:	NOTIFI	ED:			