

Office of the Registrar Request for Course Overload

CWID:			
	Last Name	First Name	MI
Course:	Major:		
CRN/Subject/Course Number/Section	Graduation Date:		
	Graddation Date.	Fall/Spring/Summer Year	
Student Type: Cadet/Day Evening/Or	nline Undergrad	Graduate	
This course will increase the total	al number of registe	red hours to credit hours.	
Justification for overload request:			
Student Signature:		Date:	
Student Signature.		Date	
Advisor Signature:		Date:	
Department Head Signature:		Date:	
Associate Provost Signature:			
	Course Load Polic		
The maximum course load (credit hours) which wi (Graduate), except for the following provision:	ll be approved for eith	ner fall or spring semester is 21 (Undergrad) a	and 17
Students with a cumulative GPA of at least 3.000 c		*	t
within 24 hours of graduation may attempt 23 or 2	4 hours with the follo	wing stipulations:	
a. Advisor approvesb. Department Head approves			
c. If the student has any grade below a 'C' at mid	term, the student may	be counseled by the Associate Provost for A	Academic
Affairs (Day) or Enrollment Management (CTI withdrawing from a course or courses.	? and Graduate) to rec	duce his/her load to 21 or fewer hours by	
TES:			
1. Courses exceeding the recommended maximum.	•	_ , , , , , , , , , , , , , , , , , , ,	illed
using the current in-state or out-of-state rat 2. Students will not be allowed to enroll in 25	-	* *	
	Office Use Only		
Recorded to Banner:			
Initials		Date	