



REQUEST FOR CLASS OVERLOAD – GRADUATE

Date: _____

MEMORANDUM

To: Registrar, Admissions and Records

Semester: Fall Spring Summer 20_____

From: _____
(Please print name)

Student ID #: _____

SUBJECT: REQUEST FOR CLASS OVERLOAD

The above student has my permission to enroll for ___ credits during the _____ semester _____ session.

Course #	Course Title	Credits	Time	Days	Instructor

NOTE: The maximum load is fifteen (15) hours for regular semesters and (6) hours for the summer session, interim classes inclusive.

Action by the Program Chair

- Approved
- Disapproved

Program Chair's Name & Signature Date

Action by College Dean

- Approved
- Disapproved

Dean's Name & Signature Date

Student's Signature Date