

## 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

The recommended maximum course load for a graduate student will be nine (9) credit hours during a regular semester and six (6) credit hours during the finakpo' (June–Aug.) session.

**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