



Academic Course Overload Request

Student's Name: _____ Student ID Number: _____

Major: _____ AA AS AAS Certificate

In addition to this request form, please attach an unofficial copy of your transcript and return the entire packet to the Office of Academic Affairs in Gatlin Hall, room 218.

Requested Schedule of Courses:

CRN	Course Prefix & Number	Course Title
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CRN	Course Prefix & Number	Course Title
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Reason for Request:

I understand that normally a student may enroll in no more than 19 semester hours (including Concurrent hours, Technology Center hours, and College hours) during a regular semester. Students with strong academic records can request permission from the Vice President for Academic Affairs for an overload to a maximum of 24 semester hours. I understand that if approved, the Office of Academic Affairs will register me in the additional course(s).

Student's
Signature: _____ Date: _____

This request is: **Approved** **Denied**

VPAA's
Signature: _____ Date: _____

Processed
By: _____ Date: _____