

REQUEST TO TAKE : OVERLOAD UNDERLOAD
DEADLINE FOR SUBMISSION -- PRIOR TO START DATE OF SEMESTER

Name _____ U # _____ Telephone _____

Current Semester/Year: _____ Full-time Day Parttime Credits Completed: _____

If you are requesting an overload enter your cumulative GPA: _____

I request permission to take _____ credits in the Fall Spring Summer Semester Year _____

Reason for Request _____

Full-time Students – Acknowledgement of Academic M1t (i)-2 (m)2 AcademDC -8Bg TJ ET 36 423.84 283.9

Associate Dean for Academic Affairs' Signature Date