

SCHOOL OF MANAGEMENT UNDERGRADUATE PROGRAMS OVERLOAD REQUEST

Name: _____ B#: _____

Local Address: _____

Phone: _____ Semester Overload is for: _____

- I. A. Credits completed Previous Semester: _____
 B. Total Credits Completed: _____
 C. Major: _____
 D. Expected Graduation Date: _____

- II. A. Total Number of Credits You Wish to Carry: _____
 B. List all courses you wish to take this semester:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

NOTE: approval of an overload does not guarantee admission to courses listed!

- III. I believe I meet the following criterion of approval:
 ___ A. Graduation this semester -or-
 ___ B. Academic excellence (GPA over 3.0) -or-
 ___ C. Extraordinary circumstances (describe below):

Signature: _____ Date: _____

Your Overload request for _____ credits has been: Approved____ Denied____

Advisor Signature

Date