



REQUEST TO REGISTER OVER MAXIMUM HOURS (18)

Name: _____ IDN: _____

Major: _____ Grade Point Average: _____

Mitigating circumstances that should be considered with this request: _____

Courses taking as a normal load:

COURSE #	TITLE	CREDIT HOURS

Courses requested as overload:

COURSE #	TITLE	CREDIT HOURS

Advisor's recommendation (A brief statement of support is REQUIRED.):

Advisor's Signature

Date

Registrar's Signature (confirming GPA and current courses)

Date

_____ Request is not approved. _____ Request is approved.

VP for Academic Affairs' Signature

Date