



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.

Division Director's Signature _____ Date: _____