



## GRADUATE STUDENT PETITION FOR OVERLOAD

\*\*\*Additional Tuition is Required\*\*\*

**Overload Petitions are required for graduate students who wish to enroll for:**

17 credits or more during the Academic Year (Fall, Winter, Spring terms) *or* 10 credits or more during six-week Summer terms

**Note: This form does not actually enroll you in the following courses. You are responsible for enrolling online or in person, and submitting any Add/Drop forms to the Registrar's Office as necessary to ensure that the desired course load is obtained once this petition is approved.**

V# \_\_\_\_\_

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I am requesting permission to take: \_\_\_\_\_ credit hours during \_\_\_\_\_ Term, 20\_\_\_\_\_

Reason for requesting overload: \_\_\_\_\_

PROPOSED SCHEDULE OF CLASSES (LIST ALL COURSES FOR THE PROPOSED TERM):

CRN	PREFIX	COURSE TITLE	CREDITS	MON	TUE	WED	THU	FRI	SAT	SUN
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By typing your name below, you certify this is valid as your signature:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Recommendation: \_\_\_\_\_

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**Graduate Office Use Only**

Approved:  Denied:

Director of Graduate Programs: \_\_\_\_\_ Date: \_\_\_\_\_