



INDICATE THE TERM AND YEAR:
Fall Year
Winter Year
Spring Year
Summer Year
Rev 06/07

COURSE OVERLOAD FORM

Please PRINT legal name in full

Mailing Address

City State Zip Code

E-mail Telephone

Please complete this section by listing each course for which you are requesting to take as an overload.

(Any hours beyond the following constitute an overload: Fall 15 Winter 3 Spring 15 Summer 9)

Table with 5 columns: Course Code & Number, Location, Course Title, Credit Hours, Professor

Location Key: Augusta, Charleston, Columbia, Due West, Fort Jackson, Greenville

Basis for Request:

Student's Signature Date

Please submit the original Course Overload Request Form to the Registrar for completion of the form.

This section is for completion by the Registrar.

Hours Earned to Date:

Previous Semester's GPA: Cumulative GPA: Total Hours Transferred:

Total Current Semester Registered Hours:

Total Current Semester Hours w/ Requested Overload

I recommend do not recommend a course overload based on the above information.

Registrar's Signature Date

After careful review of the above information, I approve do not approve the request for a course overload.

Dean's Signature Date