



Program of Study

Denomination

OFFICIAL COURSE OVERLOAD FORM

Term

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 Winter Spring Summer)

15 3 15 9

<u>Course Code & Number</u>	<u>Location</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>Professor</u>
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Location Key: Augusta, Charleston, Columbia, Due West, Fort Jackson, Greenville, Florence

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 _____

**Office of the Registrar • Erskine Theological Seminary • P.O. Box 668 Due West, SC 29639
864.379.8779 • Toll Free 877.811.8117 • Fax 864.379.3171 • registrar@erskine.edu**

Christian Commitment and Excellence in Learning