

FAYETTEVILLE STATE UNIVERSITY

GRADUATE SCHOOL

COURSE OVERLOAD REQUEST FORM

Semester: ___ Fall ___ Spring ___ Summer ___ Year: 20___

Student's Name: _____ Banner #: _____ Cumulative GPA: _____

College: _____ Department/School: _____ Program: _____

Please attach the student's approved Program of Study. If this overload is approved, will this student be eligible for graduation at the end of this semester? ___ Yes ___ No

Justification for Request:

What course do you intend to take as an overload, if approval is granted?

Table with 3 columns: Course Prefix & Number, Section, Term

1) Hours currently enrolled: ___ 2) Additional hours requested: ___ 3) Total hours (1+2): ___

I acknowledge that the extra work involved in taking an overload may have adverse effects on my overall standing.

Student's Signature: _____ Date: _____

Advisor: _____ Date: _____ Approved ___ Disapproved ___

Department Chair/Associate Dean: _____ Date: _____ Approved ___ Disapproved ___

College Dean: _____ Date: _____ Approved ___ Disapproved ___

CC: Student, Advisor, Department Chair/Associate Dean, College Dean, Registrar's Office (Original)