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| **College of Technology Overload Request Form** |
| Student Name: | 991 Number: | Earned Hours: (see DARs or MySam) |
| Email Address: | Telephone Number: |
| Class Rank (Please circle one): **Junior 1** (61-76 hrs) **Junior 2** (76-90 hrs) **Senior 1** (91-106 hrs) **Senior 2** (107-120+ hrs) |
| Cumulative Grade Point Average: | Grade Point Average from Prior 3 Semesters (must be > 3.0): 1) 2) 3) |
| **Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Course** | **Number of Credit Hours** | **Course** | **Number of Credit Hours** |
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| **Total Number of Hours** |  | **Total Number of Hours** |  |
| **Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Course** | **Number of Credit Hours** | **Course** | **Number of Credit Hours** |
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| **Total Number of Hours** |  | **Total Number of Hours** |  |

***This sheet must accompany the university scheduling form to request an overload. The scheduling form must be signed by the student, advisor, and Dr. Harris in the College of Technology Student Services Office (TC 101).***

***Rationale as to why the overload is requested:***

StudentSignature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_