

**College of Graduate and Professional Studies
Indiana State University
Terre Haute, Indiana**

REQUEST FOR COURSE OVERLOAD

Name of Student: _____ ID #: _____
 Last First Middle

Status: Degree Seeking Certification Non-Degree Seeking

Major: _____

Anticipated Date of Graduation: _____ College: _____

Hours Currently Enrolled: _____ Additional Hours Requested: _____

If granted, Total Hours: _____ Overall GPA: _____ Previous Semester GPA: _____
(3.0 and above required)

Term

Information on additional courses:

CRN _____	Dept _____	Course: _____	Section _____	Hours: _____
CRN _____	Dept _____	Course: _____	Section _____	Hours: _____
CRN _____	Dept _____	Course: _____	Section _____	Hours: _____
CRN _____	Dept _____	Course: _____	Section _____	Hours: _____

Reason for Requesting Course Overload: _____

Attachments:

- Proof of Previous Semester GPA
- Other _____

Signature of Student: _____

Date: _____

Advisor: _____

Date: _____

Approved

Disapproved

Department Chair/
Program Director: _____

Date: _____

Approved

Disapproved

Dean of the College of Graduate
and Professional Studies: _____

Date: _____

Approved

Disapproved