



## GRADUATE STUDENT PETITION FOR OVERLOAD

\*\*\*Additional Tuition is Required\*\*\*

**Overload Petitions are required for graduate students who wish to enroll for:**

17 credits or more during the Academic Year (Fall, Winter, Spring terms) *or* 12 credits or more during six-week Summer terms

**Note: This form does not actually enroll you in the following courses. You are responsible for enrolling online or in person, and submitting any necessary forms to the Registrar's Office to ensure that the desired course load is obtained once this petition is approved.**

V# \_\_\_\_\_

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ MI: \_\_\_\_\_

I am requesting permission to take: \_\_\_\_\_ credit hours during \_\_\_\_\_ Term, 20 \_\_\_\_\_

Reason for requesting overload: \_\_\_\_\_

### PROPOSED SCHEDULE OF CLASSES (LIST ALL COURSES FOR THE PROPOSED TERM):

CRN	PREFIX	COURSE TITLE	CREDITS	MON	TUE	WED	THU	FRI	SAT	SUN
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By typing your name below, you certify this is valid as your signature:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Recommendation: \_\_\_\_\_

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**Graduate Office Use Only**

Approved:  Denied:

Dean of Graduate Studies and Research: \_\_\_\_\_ Date: \_\_\_\_\_