

**The Graduate School
Southern University And A&M College
Baton Rouge, Louisiana**

REQUEST FOR COURSE OVERLOAD

Name of Student: _____ ID#: _____

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)

Information on additional courses:

Title: _____ Course No.: _____ Hours: _____

Title: _____ Course No.: _____ Hours: _____

Title: _____ Course No.: _____ Hours: _____

Reason for Request of Course Overload: _____

Attachments:

_____ Proof of Previous Semester GPA

_____ Other _____

Signature of Student: _____ Date: _____

Advisor: _____ Date: _____ Approved Disapproved

Graduate
Program Director: _____ Date: _____ Approved Disapproved

Dean of the Graduate School: _____ Date: _____ Approved Disapproved

Vice Chancellor
Academic Affairs: _____ Date: _____ Approved Disapproved

(if total number of credit hours exceed 21 hours)

Deans are authorized to approve course overloads up to 21 credit hours

Revised January 2002