



Request for Overload  
College of Education

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ CLID: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Major: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Adjusted GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Semester for which overload is requested: \_\_\_\_\_

Number of credits you want permission to take: \_\_\_\_\_

Course for which you need overload permission: \_\_\_\_\_

Section I.D. Number: \_\_\_\_\_ Section number: \_\_\_\_\_

Please give your reasons as to why this overload is necessary:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Course registered: \_\_\_\_\_ Copy to student: \_\_\_\_\_

Kathryn J. Riedel, Assistant to the Dean

Date: \_\_\_\_\_