

COLLEGE OF EDUCATION AND HUMAN SERVICES

PETITION OF OVERLOAD

Instruction to Students—IMPORTANT—PLEASE READ CAREFULLY

1. Complete application carefully and completely.
2. Return petition to your department for approval by Department Head.

Please Print:

Name: _____ CWID#: _____

Classification: _____ Fr. _____ Soph. _____ Jr. _____ Sr.; Major: _____

Grade Point Index: Cumulative: _____ Last Sem. _____ Credit Hours Earned: Total _____ Last Sem. _____

Expected Graduation: Spring: _____ Summer: _____ of _____ (year) _____

Employment Status: Hours per week worked: Last Semester: _____ This Semester: _____

Is this request for either your internship or residency semester? _____ Yes _____ No
 (if yes, expect a reply in 2-3 weeks)

Circle the term you are requesting the overload: Fall Spring Summer I Summer II

Reason for Overload Request:

State clearly the reason why you feel you should be permitted to carry more than the maximum load of 19 hours (Fall & Spring) or 7 hours (Summer I & II). If additional space is necessary, please submit second sheet.

PLEASE LIST ALL COURSES PLANNED AND INDICATE (with an *) COURSE TO BE DROPPED IF THE OVERLOAD IS NOT GRANTED. I wish to register for the following courses:

Department	Course & Section #	CRN #	Complete Title of Course	Semester Hrs.	Instructor

Signature of Student: _____

Office use only	_____	Approved (Dept)	_____	Denied (Dept)	_____
		Approved (Dean)	_____	Denied (Dean)	_____
		Date	_____	Date	_____