

STEVENSON

UNIVERSITY

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PERMISSION FOR OVERLOAD FORM

(Please complete this form, have it signed by your advisor and an official of the Academic Advising Office prior to pre-registration.)

Student ID Number: _____

Name: _____ Phone Number: _____

Circle One: Freshman Sophomore Junior Senior

Current GPA: _____ Major: _____

Requested semester for overload : _____

Proposed number of credit hours including overload: _____

List of courses that you are pre-registering:

Reason for overload request:

(Advisor signature)

(Date)

(This portion completed by an official of the Academic Advising office)

_____ Permission approved

_____ Permission denied

_____ Permission pending current semester grades

Signature of official

Date