

**GRADUATE SCHOOL  
BLANKET OVERLOAD REQUEST**

**This request must be submitted by the Program Director. Please attach a list of the students the request is being submitted for. Include students' names and BANNER ID'S.**

\*See Graduate Assistantship Supervisor Handbook, section XII General Policies, part E for guidelines

**Program Director**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Semester: \_\_\_\_\_

**Program/Department**

Total number of hours students will be enrolled in: \_\_\_\_\_

Program/Department making request: \_\_\_\_\_

Program/Department students are enrolled in: \_\_\_\_\_

**Reason for Overload**

*Explain briefly why it is necessary for this group of students to carry an overload:*

**Courses**

*If students will be enrolled in the same course list, courses to be taken are:*

Class Title/Number	Dates that Class Meets	Days that Class Meets	Time that Class Meets
Ex. LIB 5020	Ex. 6/18-7/10	Ex. MWF	Ex. 9-9:50

*If students will not be enrolled in all of the same courses, list the course that will cause the overload:*

Class Title/Number	Dates that Class Meets	Days that Class Meets	Time that Class Meets
Ex. LIB 5020	Ex. 6/18-7/10	Ex. MWF	Ex. 9-9:50

**Graduate School**

Date: \_\_\_\_\_ Graduate School Approval: \_\_\_\_\_

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