

GRADUATE SCHOOL OVERLOAD REQUEST – INDIVIDUAL STUDENT

NAME: _____ ASU EMAIL: _____

BANNER ID: _____ NUMBER OF HOURS COMPLETED: _____

GPA: _____ NUMBER OF HOURS REQUESTED FOR OVERLOAD: _____

TERM: SPRING SUMMER I SUMMER II FALL YEAR: _____

RATIONALE:

COURSES TO BE TAKEN (list full schedule):

Course	Days (e.g., MWF)	Time (e.g., 8-8:50)	Dates if other than full term

Student:

I understand that if I have a Graduate School Tuition Scholarship and/or a graduate assistantship I must complete all courses and remain in good standing in order to continue to receive these benefits.

Signature: _____ Date: _____

Department Approval (program director or chair):

Signature: _____ Date: _____

Graduate School Approval: **approved** **denied**

Signature: _____ Date: _____