GRADUATE SCHOOL
REQUEST FOR OVERLOAD

It is recommended that _____
(Student Name) (BANNER ID)* (ASU email)

be permitted to take _____ hours during _____ term.

Reason for overload: _____

_____

Student

*I understand and acknowledge that provision of my Social Security number is voluntary and authorize its use as a personal identifier for record keeping purposes.

I understand that if I have a Graduate School Tuition Scholarship and/or a graduate assistantship I must meet all academic requirements stated therein. If I fail to meet academic requirements I cannot be reassigned or receive a Graduate School Tuition Scholarship or graduate assistantship next semester.

Date _____ Student Signature_____

Department

Date_____ _____
PRINTED NAME AND SIGNATURE OF CHAIRPERSON OR PROGRAM DIRECTOR

Approved: _____ Denied: _____

Graduate School

Date: _____ _____
Graduate School Approval

Approved: _____ Denied: _____

FOR OFFICE USE
CUM GPA:
HRS ERN:
GR ASST:
DEG/MAJ.:
Revised 06/06

Important – This request will not be processed without schedule information

STUDENT'S ANTICIPATED CLASS SCHEDULE

Class Title/Number ex: LIB 5020	Dates that Class Meets ex: 6/18-7/10	Days that Class Meets ex: MWF	Time that Class Meets ex: 8:00-10:00