

# REQUEST TO SCHEDULE AN OVERLOAD

920 \_\_\_\_\_  
 Student ID Number                      Last Name                      First                      MI                      Total Hours Proposed

\_\_\_\_\_  
 Term/Year                      Cumulative GPA                      Last Term GPA                      Classification                      Major

**TYPE OF OVERLOAD REQUESTED** (Please  one of the following.)

**Fall or Spring Semesters**

<input checked="" type="checkbox"/>	Graduate or Undergraduate	Overload Requesting	Approver(s) Needed
<input type="checkbox"/>	Undergraduate	GPA of 3.5 or higher during last term of enrollment, registering for 19-21 hours	Primary Advisor
<input type="checkbox"/>	Undergraduate	GPA less than 3.5 during last term of enrollment, registering for 19-21 hours	Primary Advisor, Department Head
<input type="checkbox"/>	Undergraduate	Registering for 22 hours	Primary Advisor, Dept Hd, Dean
<input type="checkbox"/>	Undergraduate	Registering for 23+ hours	Primary Advisor, Dept Hd, Dean, Assoc Vice Chancellor
<input type="checkbox"/>	Graduate	Registering for 16+ hours	Primary Advisor, Dept Hd, Graduate Dean
<input type="checkbox"/>	Graduate	With an assistantship, registering for 13+ hours	Primary Advisor, Dept Hd, Graduate Dean

**Summer Semester**

<input checked="" type="checkbox"/>	Graduate or Undergraduate	Overload Requesting	Approver(s) Needed
<input type="checkbox"/>	Undergraduate	Registering for more than 6 hours in the same session	Primary Advisor, Dept Hd, Dean
<input type="checkbox"/>	Undergraduate	Registering for more than 16 hours for the entire summer	Primary Advisor, Dept Hd, Dean
<input type="checkbox"/>	Graduate	Registering for more than 6 hours in the same session	Primary Advisor, Dept Hd, Graduate Dean
<input type="checkbox"/>	Graduate	Registering for more than 16 hours for the entire summer	Primary Advisor, Dept Hd, Graduate Dean

**APPROVALS** (Obtain only those approving signatures required as indicated above.)

(1) \_\_\_\_\_ Date \_\_\_\_\_ (3) \_\_\_\_\_ Date \_\_\_\_\_  
 Primary Advisor                      Date                      Dean (Undergraduate or Graduate)

(2) \_\_\_\_\_ Date \_\_\_\_\_ (4) \_\_\_\_\_ Date \_\_\_\_\_  
 Department Head                      Date                      Assoc Vice Chancellor, Student Success

**REASON FOR THE OVERLOAD:** \_\_\_\_\_

**PROPOSED COURSE SCHEDULE**

Course Code, Section Number, CRN	Course Title	Credit Hours	Instructor

Upon completion, please submit this form to the Office of the Registrar (206 Killian Annex, [registrar@wcu.edu](mailto:registrar@wcu.edu)) for processing.

<b>OFFICE USE ONLY</b>
Processed by: _____ Date: _____