



Undergraduate Course Overload Request

Name _____ Date _____

WID _____ Degree _____

Catalog Year for Request _____ Major _____

Current Grade Point Average: _____

Probationary: YES ____ NO ____

Provisional Graduate: YES ____ NO ____

Select your undergraduate status in reference to this request:

Sophomore Junior Senior

Have you ever made other requests for overloads? YES ____ Date: _____ NO ____

Was the request approved? YES ____ NO ____ If not, please state why: _____

Please state your rationale for requesting this overload on the back of this form. Ensure that you have adequately explained your reasons for requesting an overload.

You must attach a current schedule to this request. Currently enrolled hours _____

List courses you are requesting to add to your schedule:

CRN Number	Course Title and Number	Part of Term	Hours

TOTAL HOURS _____

I understand that a request for overload does not guarantee that such will be approved. I further understand that approval for an overload is made on an individual basis and must be consistent with the aims and expectations of Texas A&M University – Central Texas. Overload requests that exceed 21 hours must be approved by the Provost’s Office.

Advisor's Signature Date

Student's Signature Date

Department Chair's Signature Date

Dean's Signature Date

(If applicable) Provost Signature Date

Registrar's Signature Date

Processed by/Date: _____

Please return to: Founder’s Hall 108 or Fax: 254-519-5486 or Email: records@tamuct.edu

Registrar’s Office | 1001 Leadership Place | Killeen, TX 76549 | (254) 501-5857