



### Graduate Course Overload Request

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Catalog Year: \_\_\_\_\_ Degree: \_\_\_\_\_

Major: \_\_\_\_\_ Concentration/Emphasis: \_\_\_\_\_

Current Grade Point Average: \_\_\_\_\_

Have you previously requested an overload? 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.**

Currently enrolled hours \_\_\_\_\_

List courses you are requesting to add to your schedule:

CRN	Course Prefix 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 the maximum limit published in the catalog must be approved by the Director of Graduate Studies.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Faculty Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Graduate Studies Signature

\_\_\_\_\_  
Date

Processed by/Date: \_\_\_\_\_

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

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