

Office of the Registrar Undergraduate Overload Approval Form

Winter/Summer Term

PROCEDURE:							
1. Student completes		-					
 Student returns co Office of the Regist 	•	t for course(s) below th	nat cor	tribute to the ov	erload.		
					chicaal		
Student Name:		Student	ID:				
Home Phone:	Cel	l Phone:		Work Pho	_Work Phone:		
Summer Term							
	•	4 hours in the May, Jur t Chair, and Dean of you Total Credit H	ur majo	or.	Ily II three-week sessio		
	•	6 hours in the May, Jur t Chair, and Dean of yo Total Credit H	ur majo	or.	Ily II four-eight session		
	0	4 hours in the Winter T proval students may ta	Ferm n	eed approval fro	m the Advisor, Departn		
		Total Credit H	lours				
Course(s) Involved in C							
Term/Year:	CRN#:	Course ID:		Course	Section		
		Course ID:			Section		
		Subjec	C .	Course	Section		
		Student GPA:					
		Anticipated Date	of Gra	duation:			
Brief Explanation for o	verload:						

	Advisor Signature	
	Department Head Signature	
Revised 6/2015	Dean Signature	

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