

**\*\*\*\*\*This form only needs to be filled out if you are taking more than 6 s.h. per session in the summer.\*\*\*\*\***

Student Name: \_\_\_\_\_  
Last name First name MI

Student ID# \_\_\_\_\_

**OFFICE USE ONLY**  
Term: \_\_\_\_\_

**SUMMER OVERLOAD PERMISSION (over 6 s.h. per session) UNDERGRADUATES ONLY**

Student's Current GPA: \_\_\_\_\_ Number of credits approved for overload: \_\_\_\_\_

ADVISOR'S SIGNATURE

DATE

APPROPRIATE DEAN'S SIGNATURE (NEEDED IF CUMULATIVE GPA IS BELOW 3.0)

DATE

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_