REQUEST TO OVERLOAD
SUMMER OVER 6 PERMISSION FORM

Students wishing to take more than 6 s.h. per session for summer must have this form filled out and attain appropriate signatures. When completed this form needs to be returned to the Summer Sessions Office, 135 Netzer Administration Building

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 (# over 6 sh): _____

ADVISOR'S SIGNATURE DATE

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

Student Signature: _____ **Date:** _____