

REQUEST FOR WAIVER OF OVERLOAD POLICY

Name: _____ Date: _____
ID #: _____ Major: _____ E-Mail: _____
Local Mailing Address: _____ Local Phone: _____

I request permission to take a total of _____ hours during the period of enrollment noted below. I realize that I will not be allowed to drop any of my courses beyond the last day to drop. I also accept the responsibility for my actions in this overload.

Enrollment period (check one):
[] Fall _____ [] 1st 5-week summer term _____ [Total hours _____]
[] Spring _____ [] 2nd 5-week summer term _____ [Total hours _____]
[] 10-week summer term _____ [Total hours _____]

My grade point average is:
1.. _____ for the term immediately preceding the enrollment period noted.
2.. _____ MSU grade point average.
3.. _____ Cumulative grade point average.

Classification: [] Freshman [] Sophomore [] Junior [] Senior

I expect to graduate at the end of the period of enrollment noted above: [] Yes [] No

Reason for request _____

Student's Signature

Comments/Conditions: _____

LIST OF ALL COURSES * Indicates Overload Course

Table with 8 columns: Course, Symbol, Number, Section, Course, Symbol, Number, Section. Multiple rows for listing courses.

Advisor _____ Date _____

Department Head _____ Date _____

Dean _____ Date _____

VP for Academic Affairs _____ Date _____