

REQUEST FOR WAIVER OF OVERLOAD POLICY

Name: _____ Date: _____

ID#: _____ Major: _____ Email: _____

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):

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Fall | <input type="checkbox"/> 1 st 5-week summer term | (Total Hours for 1 st 5 week _____) |
| <input type="checkbox"/> Spring | <input type="checkbox"/> 2 nd 5-week summer term | (Total Hours for 2 nd 5 week _____) |
| | <input type="checkbox"/> 10-week summer term | (Total Hours for 10-week _____) |

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: _____

Comments/Conditions: _____

LIST OF ALL COURSES *Indicates Overload Course

CRN #	Course Symbol	Number	Section	CRN #	Course Symbol	Number	Section
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Student's Printed Name _____ Date _____

Student's Signature _____ Date _____

Advisor's Printed Name _____ Date _____

Advisor's Signature _____ Date _____

Department's Head Printed Name _____ Date _____

Department's Head Signature _____ Date _____

Dean's Printed Name _____ Date _____

Dean's Signature _____ Date _____