

**The Graduate School
Southern University And A&M College
Baton Rouge, Louisiana**

REQUEST FOR COURSE OVERLOAD

Name of Student: _____ Banner ID#: _____

Status: Degree Seeking Certification

Non-degree Seeking Anticipated Date of Graduation: _____

College: _____ Major: _____

Hours Currently Enrolled: _____ Additional Hours Requested: _____

If granted, Total Hours: _____ Overall GPA: _____ Previous Semester GPA: _____
(3.0 and above required)

Information on additional courses:

Title: _____ Course No.: _____ Hours: _____

Title: _____ Course No.: _____ Hours: _____

Title: _____ Course No.: _____ Hours: _____

Reason for Request of Course Overload: _____

Attachments:

_____ **Proof of Previous Semester GPA** _____ **Other** _____

Signature of Student: _____ Date: _____

Advisor: _____ Date: _____ Approved Disapproved

Department Chair/
Program Director: _____ Date: _____ Approved Disapproved

Dean of Graduate School: _____ Date: _____ Approved Disapproved

Vice Chancellor
Academic Affairs: _____ Date: _____ Approved Disapproved
(If total number of credit hours exceeds 21 hours)

Deans are authorized to approve course overloads up to 21 credit hours

Revised February 2013