

REQUEST FOR OVERLOAD

Fall Spring Extended Spring Year: 20_____

Summer: Term 1 Term 2 Year: 20_____

*** Please attach a typed statement that fully explains your reasons for requesting an overload - OR - include statement on page two of this form. ***

Requests for overloads will be reviewed by the University Registrar as outlined in the University Catalog, otherwise, requests will be reviewed by the Academic Status Committee at the next scheduled meeting. It is the student's responsibility to obtain the appropriate signatures **PRIOR** to returning this form to the Office of the Registrar, Christopher Newport Hall 1st floor commons by 5:00 p.m. on the published deadline date. If your faculty advisor is not available, your department chair may sign on behalf of your faculty advisor. After a decision has been reached, a formal response will be mailed to the address provided on the petition. Incomplete requests will not be reviewed. Petitions received in the Office of the Registrar after the [published deadline](#) will be presented to the committee at the next scheduled meeting. _____ Student's initials

Student Name (Printed) _____ CNU ID Number _____

Street Address (Residence Hall or Local Address) _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Cell Phone Number _____ Residence Hall or Local Phone Number _____ Work Phone Number _____ Permanent Phone Number _____

Class: Freshman Sophomore Junior Senior Anticipated Graduation Date: May August December 20_____

Anticipated Degree _____ Major _____ Concentration (if applicable) _____

Complete the following section with the courses you plan to take during the overloaded semester. More than **EIGHTEEN (18)** credit hours in the **FALL/SPRING** semester and more than **EIGHTEEN (18)** credit hours in the entire **SUMMER** session (no more than two courses or six credit hours in each summer term) constitute an **overload**. Provide a complete statement on reverse side. You are required to register and maintain a minimum of 12 credit hours to be considered a full-time student during regular semesters (fall and spring). Please note that students are strongly encouraged to register for at least 15 credit hours in all regular semesters to make progress toward graduation in four years.

Department & Course Number (e.g., BIOL)	CRN	Section	Credits
OVERLOAD COURSE(S)			
Cumulative GPA:	Total Earned Hours:	Total number credits requested in overload semester:	

Student's Signature: _____ Date: _____
Note: Additional charges apply for registration over 17 credits hours during fall or spring semesters. Please review the Business Office [website](#) for more information on tuition and fees.

Advisor's Signature: _____ Advisor's Printed Name: _____ Date: _____
 Advisor's Recommendation: Support Do Not Support Reviewed: No Approval or Disapproval

FOR COMMITTEE USE ONLY: GPA _____ Approve Disapprove Date of Action: _____

