

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):

Fall _____	1 st 5-week summer term _____	[Total hours ____]
Spring _____	2 nd 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 _____

Comments/Conditions: _____

LIST OF ALL COURSES * Indicates Overload Course

Course	Symbol	Number	Section	Course	Symbol	Number	Section
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

 Student Date

 Advisor Date

 Department Head Date

 Dean Date