



Course Overload Request

Name _____ Date _____

UIN _____ Degree _____

Catalog Year _____ Major _____

Graduate Student

Undergraduate Student

Current Grade Point Average: _____

Probationary: YES ____ NO ____

Provisional Graduate: YES ____ NO ____

Select your undergraduate status:

Sophomore

Junior

Senior

Have you ever made other requests for overloads? YES ____ Date: _____ NO ____

Was the request approved? YES ____ NO ____ If not, please state why: _____

Please state your rationale for requesting this overload on the back of this form. Ensure that you have adequately explained your reasons for requesting an overload.

List all courses currently enrolled:

CRN Number	Course Title and Number	Part of Term	Hours

List courses you are requesting to add to your schedule:

CRN Number	Course Title and Number	Part of Term	Hours

TOTAL HOURS _____

I understand that a request for overload does not guarantee that such will be approved. I further understand that approval for an overload is made on an individual basis and must be consistent with the aims and expectations of Texas A&M University – Central Texas. I AGREE/UNDERSTAND

Student Signature

Date

Faculty Advisor Signature

Date

Processed by/Date: _____

Please Return to: Office of the Registrar Killeen, TX 76549 (254) 519-5452