

REQUEST FOR WAIVER OF OVERLOAD POLICY

Name: _____ Date: _____

ID #: _____ Major: _____ E-Mail: _____

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 _____ 1st 5-week summer term _____ [Total hours _____]

Spring _____ 2nd 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 _____

Student's Signature

Comments/Conditions: _____

LIST OF ALL COURSES * Indicates Overload Course

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

Advisor Date

Department Head Date

Dean Date

VP for Academic Affairs Date