Overload Request Form

Name: ____________________________________________  Date: _______  Student CWID: ____________

Last  First  Middle

This overload request is for the ____________Semester of 20___________.
(Fall, Spring, or Summer)

College-Issued Email: ______________________________ (Registrar’s Office will only email notifications to college-issued accounts)

I request permission to take a total of _______ hours during the term noted above. I realize that an overload is normally contingent upon exemplary academic status (>3.000 cumulative GPA) at the College of Charleston and that overloads of 23 or more hours are not typically approved unless under extraordinary circumstances.

To be completed by your assigned advisor. Approval signature is required.

I have reviewed the student’s commitments and degree audit and have reviewed the Overload Criteria Checklist (see page 2). I fully support this student’s overload request.

Advisor’s Name (Printed): ____________________________________________

Advisor’s Signature: ____________________________  Date: ____________

To be completed by Department Chair of Major, Dean, or Director of Advising (if undeclared). Approval signature is required.

Overload Permission GRANTED on _____________. 20__________

Total amount of hours approved: ____________

Department Chair / Dean / Director’s Name (printed): ______________________________

Department Chair / Dean / Director’s Signature: ______________________________

Please Note: Completion of this form does NOT register you for the course(s) listed. It is the student’s responsibility to register for intended course(s) once the overload is approved. You will receive an email to your student account after processing.

STUDENT SIGNATURE: ____________________________________________

RO USE ONLY:
Processed by: _______
(Initials)
Date: ____________
Name: ____________________________________________

Last    First    Middle    Date    Student CWID

With approval, I intend to enroll in the following course(s):

<table>
<thead>
<tr>
<th>Course (Dept &amp; Number)</th>
<th>Credit Hours</th>
<th>Class Meeting Time</th>
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I will be employed __________ hours a week.

My reason for making this request is ___________________________________________________

_________________________________________________________________________________

To be completed by your assigned advisor or chair.

The following criteria should be considered when making a decision to support an Overload Request for a student. Please check or initial on the line.

_______ The student has completed at least one semester at the College of Charleston.

_______ The student has a satisfactory cumulative GPA (typically > 3.000).

_______ The student has attempted and completed 14+ hours in fall and spring semesters.

_______ The student has successfully earned at least 16 credit hours with at least a 3.000 GPA in one semester.

_______ The student does not have a significant number of withdrawals on their academic record.

_______ The student is taking courses in their current schedule that can be completed in a semester with a satisfactory GPA.

_______ The student has an employment schedule that would not conflict with this course schedule.