OVERLOAD REQUEST FORM

TO BE COMPLETED BY STUDENT:

NAME: ___________________________ U.I.N.: ___________________________

DEGREE PROGRAM: ________________ PROBABLE GRADUATION DATE: ______

CLASSIFICATION: __________________

I request that I be allowed to register for an overload of _____ hours during the _______________ semester
of _______________ (year). My latest overall Grade Point Ratio (GPR) is _______________{

________________________________________
Student’s Signature

APPROVAL RECOMMENDED:

________________________________________
Advisor’s Signature

________________________________________
Department Head’s Signature

*APPROVED: ____________________________  ____________________________
Department Head  Date

* Department Head’s signature is not required if student’s Grade Point Ratio is 3.000 or above.

Student UIN can be found at https://myrecord.tamu.edu