

## Overload Request Form

Policy: Students who wish to enroll in more than (19 semester hours Fall/Spring or 16 semester hours Summer) must secure written permission via this form. **No request in excess of 24 semester hours will be considered.**

ID#: \_\_\_\_\_

Name: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Number of Hours Requested: \_\_\_\_\_

**Must be completed prior to submission**

GPA: \_\_\_\_\_

**3.0 LSCC GPA minimum required**

**Graduating Senior:**

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

Call # (6-digit) \_\_\_\_\_

Course Name to be added to schedule \_\_\_\_\_

Justification for overload: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: Please submit a copy of your unofficial transcript and degree plan along with this form.**

Signature: \_\_\_\_\_

Student

Signature: \_\_\_\_\_

Vice President for Instructional Services

<b>APPROVED</b>
<input type="checkbox"/> YES
<input type="checkbox"/> NO