

OVERLOAD REQUEST
Office of Academic Assistance
College of Health and Human Sciences
Georgia State University

Name: _____ Major: _____

Panther#: _____ E-mail: _____

Phone Number: _____

Note: Undergraduate students may register for a maximum course load of 18 hours without requesting approval.

I request an exception to the maximum course load. I wish to increase my course load to a total of _____ hours for the _____ semester _____. **I understand that to be approved for this course load I must meet the academic regulations required by the university.**

*******DO NOT SIGN THIS FORM WITHOUT READING THE STATEMENTS BELOW*******

I UNDERSTAND THAT:

1. The Office of Academic Assistance does not recommend an overload if I am working more than 20 hours a week or if there are other circumstances (such as family obligations) which adversely affect the time I have for studying and class attendance.
2. I am fully responsible for the academic consequences of taking an increased load.

Signature of Student Date

_____ Approved _____ Denied

Signature of Academic Advisor Date
