

REQUEST FOR COURSE OVERLOAD

I am requesting an overload for _____ semester, _____ year. If my request is approved, I will be enrolled in _____ credit hours for this term.

I am requesting an overload for the following reason(s):

Full Legal Name

DSCC ID#

Student's Signature

Date

Advisor's Signature

Date

NOTES: This request must accompany the registration form or Change of Registration form on which the student's enrollment exceeds 19 hours for fall and/or spring semesters or 14 hours for summer. This request is valid only when it accompanies one of these forms.

If this request for an overload status is approved, courses may be dropped according to the procedures outlined in the college catalog; to add more courses, however, will require the submission of an additional Request for Overload.

For the Office of Records Use Only - Do Not Write Below This Line

_____ This term is the student's first term of enrollment; the following information is on file in the Office of Records:

high school GPA _____ year of high school graduation _____

ACT Composite _____

_____ This term is not the student's first term of enrollment; the following information is on file in Admissions and Records:

college-level cumulative GPA _____ college-level & LS cumulative GPA _____

NOTES: This student _____ has _____ has not completed all prescribed LS courses. If not, the following LS have not been completed:

This student _____ has _____ has not completed course work at another accredited institution. His/Her cumulative GPA at that institution is _____.

Approved

Disapproved

Vice President for the College