



Course Overload Request Form

Student Information		
Name: (Last, First)		University ID # N_____
Semester requesting overload:		
Term & Year Term: _____ Year: _____ Current cumulative GPA: _____		Program (MSCS or MSIS):
Please list the 4 courses you would like to register for in the semester above:		
1.		
2.		
3.		
4.		
Reason you are requesting a course overload:		
SIGNATURES		
Student Name:	Signature:	Date:
DGS Name:	Signature:	Date:
IMPORTANT GUIDELINES FOR COURSE OVERLOAD		
<ul style="list-style-type: none"> * 9 credits is considered a full time course load in the MSCS and MSIS programs. * Only students with a GPA of 3.75 or higher who have completed at least one semester in our department will be considered for a course overload. * If you are granted permission for a course overload and you end up dropping one of your courses, you may not be permitted to request a course overload in the future. * Please complete this form and submit it to your academic advisor, either Katie Laugel (CIWW 326) or Jennifer Conlan Darlington (CIWW 324) for review. 		