



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

- * 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 Betty Tsang (CIWW 326) or James Paguyo (CIWW 324) for review.