

Petition for Semester Overload

Return form to Registrar's Office Parks Hall, Rm 103 CBX 069

Fax: (478) 445-8535

911-				
GCID	D Last Name		First Name	Phone
academic advisor and depart	rtment chair for perme e student who has ea	int average of 3.00 or ission to overload, or	0	ster credit hours may petition his or her 5 hours for graduate students) in a given must submit their request on an
Current Registered Ho	ours:	_		
Proposed Overload:				
By signing this form, I	approve this requ	uest for a semeste	r overload:	
		Student Signature		Date
	Advi	sor/Coordinator Signature		Date
		C		
Chair Signature				Date

Once petition is approved and processed, the student should register for the overload course(s) through the regular registration process.