

Petition for Semester Overload

Return form to Registrar's Office Parks Hall, Rm 107 CBX 069 Fax: (478) 445-1914

911-							
GCID	Last Name	2		First Name		Phone	
Term Fall (check one) A student who has earned a academic advisor and departements. An undergraduat Undergraduate Student Peti	rtment chair for perm e student who has ea	ission to overload,	or to enrol	ll in more than 18 hours ((25 hours for gra	aduate students) in a give	
Current Registered Ho	ours:	_					
Proposed Overload:							
By signing this form, I	approve this req	uest for a semes	ter over	load:			
		Student Signature				Date	
	A dv	sor/Coordinator Signature				Date	
	Auv	sor/ Coordinator signature				Date	
		Chair Signature				Date	

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