REQUEST FOR OVERLOAD APPROVAL

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I.   Turn in the completed form to the following location: D

IV.   You should allow at least 24 hours for processing. You c
        system. If your request is denied, you will receive notific

Return this form via fax (974-4699), scan in and email (jpwalker@usf.edu) or you can physically bring it in to our office in Davis Hall.

Name: _____ Student ID: U_____

Phone Number: _____ E-mail: _____

Major: _____ Semester: _____

Total number of semester hours requested: _____   I am asking for an overload for _____ for the
following reason: (semester/year)

My proposed list of classes for the semester in which I am requesting the overload is as follows:

I understand that it may not be in my best interest to take an overload, and I accept full responsibility for my actions.

Signature: _____ Date: _____

Advisors Comments (Mandatory for students with grade point average <3.0):

Office Use Only

GPA: _____ Approval Signature: _____ Hours Approved: _____ Date: _____