



LAA Advising Office
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Overload Request Form

When requesting to enroll in more than the University recommended hours per semester

Student Name _____ **Student ID** _____
Last, First M.I.

Major _____ **Phone** _____

E-mail _____

Overload requested for which term: FALL SPRING SUMMER I SUMMER II

Total number of hours per semester: _____

Tentative Graduation Month & Year: _____ **Graduation Plan on File?** Yes No

Before submitting the request you must complete the following:

1. Attach a list of all courses you are currently enrolled in for the overload semester, along with any proposed courses you wish to add to your schedule.
2. Attach a brief narrative clearly explaining the following:
 - a. why you believe you need to do an overload, and
 - b. why you think you are qualified to succeed with a higher course load.

Student Signature

For office use only:

Student's Overall GPA

Date Request Turned In

APPROVED DENIED

Dean's Signature