REQUEST FOR OVERLOAD

for _____Term, _____Year

Name _____   A#_____

GPA at CACC_____   High School GPA _____   Credit Hours completed at CACC_____

Request for approval of_____semester hours. (A student may take no more than twenty-four (24) credit hours.)

List below all courses scheduled this term:

CRN	SUBJECT & COURSE #	COURSE TITLE	CREDIT HOURS
		TOTAL HOURS	

Do you work? _____   If so, how many hours a week? _____

If you are a scholarship student, please check type of scholarship below:

| Academic | Leadership | Performing Arts

| Technical | Athletic | Other _____

_____   _____

Academic Advisor   Approved by Dean of Instruction

_____   _____

Date of Request   Date of Approval