

PETITION FOR COURSE OVERLOAD

Name \_\_\_\_\_

Rhodes ID Number: R \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Permission is requested to take a course overload of more than nineteen (19) credits during the \_\_\_\_\_ semester, academic year \_\_\_\_\_. My Current GPA: \_\_\_\_\_ Current Total Credits Earned: \_\_\_\_\_

The reasons for this petition are:

List below your complete schedule without the overload, including all labs, directed inquiries, consortium courses or courses taken off-campus during this semester.

Department	Course Number	Section	CRN	Professor	Credits

Total credits without overload \_\_\_\_\_

List below the course(s) you will add to your schedule if this petition is approved. If the petition is not approved, the course(s) may not be added to your schedule or, if already on your schedule, will be dropped.

\_\_\_\_\_

Total credits with overload \_\_\_\_\_

I understand that additional tuition will be charged for each hour over nineteen (19) unless waived.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

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For the Committee: ( ) Approved ( ) Denied ( ) Returned for additional information

Signature \_\_\_\_\_ Date \_\_\_\_\_