

PLEASE READ THE FOLLOWING INFORMATION.

- Your past academic performance at UT is the most important factor influencing the outcome of your request; therefore, overloads are not granted to:
  - First semester students (freshman or transfers) or
  - Students on academic review.
- You must make any needed adjustments to your course load by the add/drop deadline.

Name \_\_\_\_\_ Student ID number \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_ Major \_\_\_\_\_

Semester of overload \_\_\_\_\_ Year \_\_\_\_\_

Semester and year you plan to graduate \_\_\_\_\_ Catalog Year \_\_\_\_\_

Please thoroughly explain the reason you are requesting an overload \_\_\_\_\_

Will you be working during the term of overload? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

MAXIMUM NUMBER OF HOURS WHICH MAY BE TAKEN WITHOUT SPECIAL PERMISSION			
Fall	19	Spring	19
Miniterm	3	Summer	12

LIST THE COURSES FOR WHICH YOU HAVE ALREADY REGISTERED.

Department Name	Course Number	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST THE COURSES THAT WILL BRING YOUR TOTAL HOURS ABOVE THE MAXIMUM HOURS FOR EACH TERM

Department Name	Course Number	Credit Hours
_____	_____	_____
_____	_____	_____

**Total Hours Requested:** \_\_\_\_\_

**OFFICE USE ONLY**

Decision: Granted \_\_\_\_\_ Denied \_\_\_\_\_ Pending \_\_\_\_\_

Comments \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Is this form complete? \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_