Graduate Student Overload Request

Date: _____

It is requested that I, _____ , K ID#_____, be

permitted to carry over an over load of classes during the _____ semester for the following reason(s):

_____

_____

_____

I wish to carry a total load of ____ hours which is an overload of _____ hour(s).
Attached is a copy of my current transcript and the proposed schedule for the semester with the overload.

Signatures/Approval:

_____ _____ Date: _____
Student Signature

_____ _____ Date: _____
Graduate Coordinator Signature

_____ _____ Date: _____
Department Chair Signature

_____ Date: _____
VP for Research and Dean of Graduate Studies

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Return this form to the Office of the Registrar in person at the Victoria Enrollment Services Center (JESC), by fax at 361.593.2195 or Email: