

# MOTLOW STATE COMMUNITY COLLEGE

## Student Overload Permission Form

*Use only to request an excess of 19 hours*

Term \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Student's I.D. No. \_\_\_\_\_

Total hours requested including overload \_\_\_\_\_

Cumulative grade point average \_\_\_\_\_

Grade point average last semester \_\_\_\_\_

Major/Emphasis \_\_\_\_\_

**Anticipated courses scheduled for this semester:**


**Reason for requesting overload:**

1. Candidate for graduation on following date \_\_\_\_\_

2. Repeating \_\_\_\_\_ hours

3. Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

*Advisor*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

*Academic Dean*

Original Admissions  
Cc Advisor