REQUEST FOR COURSE OVERLOAD

Student Name: ____________________________ Rollins ID: ____________________________
Campus Box: _______ Local Phone No.: __________________ E-Mail: ______________________

An overload consists of more than 22 semester hours during a term. Students seeking to enroll in 23 or more semester hours in a given term must have a cumulative GPA of no less than 3.0. Students who do not meet this requirement may request permission to enroll in 23 or more semester hours by completing this form and submitting it to the Office of Student Records for review by the Registrar. This form must be submitted no later than 5 p.m. of the 5th day of ‘Add Week’. Under no circumstances will a student with a GPA less than 2.0 be permitted to carry an overload. Overloads are generally not granted to students in their first semester at Rollins. All students wishing to enroll in more than 30 semester hours must employ the appeal process.

- TERM/YEAR OF MATRICULATION (ORIGINAL ENROLLMENT TERM/YEAR): __________ / __________
- TERM/YEAR OF PROPOSED OVERLOAD: __________ / __________
- SEMESTER HOURS COMPLETED: __________ CUMULATIVE GPA: __________ MAJOR GPA: __________
- REASON(S) FOR REQUEST: __________________________

- PLEASE PROVIDE INFORMATION REGARDING COMMITMENTS YOU HAVE TO EXTRACURRICULAR ACTIVITIES, INTERNSHIPS, AND EMPLOYMENT FOR THE TERM UNDER CONSIDERATION:

- PLEASE EXPLAIN ANY ‘I’ (INCOMPLETE), ‘R’ (DEFERRED GRADE) OR ‘Z’ (NO GRADE REPORTED) THAT YOU MAY BE CARRYING INTO THE TERM UNDER CONSIDERATION:

- LIST ALL COURSES YOU WISH TO ADD AS AN OVERLOAD:

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<tr>
<th>CRN #</th>
<th>CRSE PREFIX &amp; NUMBER</th>
<th>CRSE TITLE</th>
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  TOTAL SEMESTER HRS REQUESTED __________

SIGNATURE: ___________________________________________ DATE: ______________________

Typing your name constitutes a signature and attests that the information contained herein is true and correct.

ADVISOR AND STUDENT RECORDS USE ONLY

RECOMMENDED: YES/NO ADVISOR SIGNATURE: ____________________________ DATE: __________
ADVISOR COMMENTS: __________________________________________

RECOMMENDED: YES/NO REGISTRAR: ______________________________________ DATE: ________