

**REQUEST FOR WAIVER OF OVERLOAD POLICY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
ID#: \_\_\_\_\_ Major: \_\_\_\_\_ Email: \_\_\_\_\_  
Local Mailing Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_

I request permission to take a total of \_\_\_\_\_ hours during the period of enrollment noted below. I realize that I will not be allowed to drop any of my courses beyond the last day to drop. I also accept the responsibility for my actions in this overload.

Enrollment period (check one):

- Fall \_\_\_\_\_       1<sup>st</sup> 5-week summer term \_\_\_\_\_ [Total hours \_\_\_\_\_]  
 Spring \_\_\_\_\_       2<sup>nd</sup> 5-week summer term \_\_\_\_\_ [Total hours \_\_\_\_\_]  
 10-week summer term \_\_\_\_\_ [Total hours \_\_\_\_\_]

My grade point average is:

1. \_\_\_\_\_ for the term immediately preceding the enrollment period noted.
2. \_\_\_\_\_ MSU grade point average.
3. \_\_\_\_\_ Cumulative grade point average.

Classification:       Freshman     Sophomore     Junior     Senior

I expect to graduate at the end of the period of enrollment noted above:     Yes     No

Reason for request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments/Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST OF ALL COURSES \* Indicates Overload Course**

Course	Symbol	Number	Section	Course	Symbol	Number	Section
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Student \_\_\_\_\_ Date \_\_\_\_\_      Advisor \_\_\_\_\_ Date \_\_\_\_\_

Department Head \_\_\_\_\_ Date \_\_\_\_\_      Dean \_\_\_\_\_ Date \_\_\_\_\_