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:

<table>
<thead>
<tr>
<th>Course 1</th>
<th>Course 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Revised 6/30/2016