

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:

CRN	SUBJECT	COURSE	CREDIT HOURS

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