University of LOUISIANA Monroe

Overload Request

Name: _____ CWID: _____ Major: _____

I request approval for the following course(s) during the _____ 20 ____ semester.

Course (ex: MUSC 1091)	Hours

Criteria for Consideration: *(Check all that apply)*

☐ 3.0 GPA or greater

☐ Impending graduation   Term: _____

☐ Impending program application   Term: _____

☐ Scholarship requirements

☐ Completion of all core English composition and Math requirements

Total Number of Hours [_____]

Reason for overload:

[   ]

_____   _____
Student's Signature *   Date

_____   _____   ☐ Approve
Advisor Signature (CAES or CHS)   Date   ☐ Disapprove

_____   _____   ☐ Approve
Program Representative Signature   Date   ☐ Disapprove
(Program Director - CHS; School Director - CAES or CBSS)

_____   _____   ☐ Approve
Associate Dean or Dean's Signature   Date   ☐ Disapprove