PETITION FOR EXTRA HOURS (COURSE OVERLOAD)

Name: _____ID # _____

VU E-mail address: _____Date: _____

College (circle): A&S CBA ENGR NURS Class (circle): FR SO JR SR

Major(s): _____ Expected Month/Year of graduation _____

Degree expected: _____ Cumulative gpa: _____ Last semester gpa: _____

How many credits do you still need to complete your degree? _____

Do you plan to teach at the secondary level? Yes _____ No _____

I REQUEST PERMISSION TO TAKE EXTRA HOURS DURING THE FOLLOWING SEMESTER:

Fall 20_____ Spring 20_____ Summer I 20_____ Summer II 20_____

Proposed course program (include all courses):

Course/Title	**Credits**	Indicate if course is to used for: **Major**	**Minor**	**Gen Ed**	**Other**
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL CREDITS	_____				

Reason for this request (use back of this form if necessary):

Student's Signature: _____ Date: _____

REQUIRED SIGNATURES:

_____ Date: _____ Yes ___ No ___ No Opinion ___
(Adviser's Signature)

_____ Date: _____ APPROVED ____ DENIED ____
(Dean of Student's College Signature)

RETURN COMPLETED FORM TO DEAN; COPY TO REGISTRAR FOR OVERLOADS OVER 20 CR.