

Emory & Henry College Petition for Overload

If you wish to take more than the maximum 17.5 credit load in a Fall or Spring semester, please complete this form and submit to the Dean of Faculty's Office.

Personal Information

Printed Name _____ Student ID/SSN _____
 (Last, First, MI)
 Major _____ GPA _____ Expected Graduation Date _____
 Local phone number _____ Email address _____

Term Information

Term and year of requested overload: _____ Fall _____ Spring Year: _____

List all of the courses that you are taking in the term listed above. In the "Overload" column, mark the course that will put you into an overload. Remember to register for all of your other classes through WebAdvisor.

| OVERLOAD | DEPT | COURSE NUMBER | SECTION | COURSE TITLE | REPEAT | REGISTERED (Y/N) | CREDIT HOURS |
|----------|------|---------------|---------|--------------|--------|------------------|--------------|
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Total credit hours requested _____

Rationale/reasons for request (use back of form if you need more space): _____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Dean of Faculty Signature _____ Date _____