



OGLETHORPE

UNIVERSITY

Overload Request

Full Name: _____

Student ID: _____ Term: _____

REASON FOR OVERLOAD

Please describe the reason for your request.

Please list all the courses in which you are currently enrolled as well as the proposed additional coursework.

<u>Course Prefix</u>	<u>Course Number</u>	<u>Section Number</u>	<u>Course Title</u>	<u>Instructor Name</u>	<u>Instructor Override Sign.</u>
EX: COR	101	001	Narratives of the Self	Shrikhande	Only required when the course is full

Student Signature: _____

Date: ___ / ___ / ___

ENROLLMENT SERVICES SECTION

Request an unofficial transcript from the Hub for Enrollment Services and attach to this form.

ADVISOR SECTION

Advisor Name: _____

Advisor Signature: _____

ASSOCIATE PROVOST SECTION

Approved by Associate Provost: _____

Date: ___ / ___ / ___

Denied by Associate Provost: _____

Date: ___ / ___ / ___

****It is the responsibility of the student to return this form to the Hub for Enrollment Services and ensure they are registered for their additional coursework.****

Received By: _____ Date: _____

Processed By: _____ Date: _____