



Request for Overload

All CLAHS students who wish to take more than 19 hours in fall or spring, 9 hours in a summer session, or 6 hours in winter should complete this form. The maximum number of hours for each term can be located here: www.registrar.vt.edu/registration-enrollment.

- This form will be reviewed by your advisor. Requests will not be processed without advisor's signature.
- Submit completed form electronically at least one day prior to the end of the Course Request Period as posted on the University Registrar's website.
- You will be contacted if this request is denied or if you need to make an appointment to speak with the Associate Dean of Undergraduate Academic Affairs to discuss your request.
- If GPA is between 2.0 and 2.5, you may request an overload only if graduating this term and this overage is required to complete graduation. If GPA is below 2.0, you may not request an overload.
- **Processing of this form does not register you for any courses. Students are responsible for adding courses upon approval of this request. Overload hours can only be added during drop/add.**
- Approved requests will not be processed if there are holds on your student account.

STUDENT INFORMATION

Student ID Number:

Last Name: First Name:

VT Email: Cell Phone Number:

Major:

Term: Fall Spring Summer Winter

Year: Overall GPA:

Academic Level: FR SO JR SR

Primary Advisor:

COURSE SCHEDULE

List all courses you wish to take for the semester in which the overload is requested. All information is required.

Total Hours Requested:

Department:

Course Number:

Course Title:

Credit Hours: Grade Option: A-F P/F

Department:

Course Number:

Course Title:

Credit Hours: Grade Option: A-F P/F

Department:

Course Number:

Course Title:

Credit Hours: Grade Option: A-F P/F

Department:

Course Number:

Course Title:

Credit Hours: Grade Option: A-F P/F

Department:

Course Number:

Course Title:

Credit Hours: Grade Option: A-F P/F

Department:

Course Number:

Course Title:

Credit Hours: Grade Option: A-F P/F

Department:

Course Number:

Course Title:

Credit Hours: Grade Option: A-F P/F

Department:

Course Number:

Course Title:

Credit Hours: Grade Option: A-F P/F

OVERLOAD REQUEST INFORMATION

Please provide details about why an overload is necessary and your plan for success:

SIGNATURES OF APPROVAL

Student: Date:

Advisor: Date:

Associate Dean: Date:

CLAHS Associate Dean of Undergraduate Academic Affairs

OFFICE USE ONLY

Date Received: Date Processed:

Processed By: