



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.
- You will be contacted via email if this request is denied or if you need to make an appointment to meet with someone in the CLAHS Undergraduate Academic Affairs Office regarding your request.
- If your 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 your overall GPA is below 2.0, your request for overload will not be approved, as suggested by the Undergraduate Academic Catalog.
- **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:

Course Subject*	Course Number	Course Title	Credit Hours	Grade Option
				<input type="checkbox"/> A-F <input type="checkbox"/> P/F
				<input type="checkbox"/> A-F <input type="checkbox"/> P/F
				<input type="checkbox"/> A-F <input type="checkbox"/> P/F
				<input type="checkbox"/> A-F <input type="checkbox"/> P/F
				<input type="checkbox"/> A-F <input type="checkbox"/> P/F
				<input type="checkbox"/> A-F <input type="checkbox"/> P/F
				<input type="checkbox"/> A-F <input type="checkbox"/> P/F

* The sequence of letters just before the course number (ex: ENGL)

OVERLOAD REQUEST INFORMATION

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

SIGNATURES OF APPROVAL

Student: Date:

Advisor: Date:

CLAHS Undergraduate Academic Affairs Office: Date:

OFFICE USE ONLY

Date Received: Date Processed:

Processed By: