

Office of Academic Advisement Request for Course Overload

This request must be submitted with your registration form at the time you register.

STUDENT'S NAME:	
MMC ID#:	
SEMESTER/TERM REQUESTING OVERLOAD:	
CURRENT GPA:	
Maximum Course Load per Term	
• <u>Fall/Spring Semester</u> : Students with a 3.0 GPA or hig	
• <u>January term</u> : 3 credits	
• <u>Summer terms</u> : 6 credits per term	
PROPOSED COURSE SCHDULE	<u>CREDITS</u>
1	
2	
3	
4	
5	
6	
7	
2	TOTAL CREDITS:
REASON FOR REQUEST:	
APPROVALS I have met with the above-named student. I believe that they a specified above. I would recommend that approval be granted.	
FACULTY ADVISOR SIGNATURE:	DATE:
ACADEMIC ADVISOR (if required):	DATE: