



Office of Records
REQUEST FOR COURSE OVERLOAD

Instructions: Complete this form in its entirety, print legibly, and secure all signatures in the order listed. Please ensure that the requested course(s) do not conflict with scheduled courses and that pre-requisites have been met. Laboratory classes must be recorded separately from the corresponding lecture. Please note that your request will be denied if any signature is altered, missing, or forged.

PART I: Identifiers

Name: _____	Student Id. No.: _____
TC Email Address: _____	Classification: _____
Phone Contact: _____	Major: _____
No. of Hrs.: Before Request _____ After Request _____	Advisor: _____
GPA: _____ Advisor's GPA Verification (initial): _____	

PART II: Request for course overload(s)

Dept Code	Course Number	Section Number	Semester Hours	Course Title

PART III: Signatories (*must be secured in signature order as listed*)

_____	_____
Student	Date
_____	_____
Advisor	Date
_____	_____
Provost/VPAA	Date
_____	_____
Bursar	Date
_____	_____
Registrar	Date