

The University of Louisiana at Monroe  
College of Arts and Sciences  
Advising Form: **Overload Request**

Name _____	Student Number _____	Date _____
Advisor _____	Major _____	Cumulative GPA _____
Anticipated Graduation Date _____	Semester/Session Requested _____	Academic Year Requested _____

Hours Requested \_\_\_\_\_

Course	Number	Section	Hours

**Minimum Requirements:**

(check all that apply)

- 2.5 or greater GPA
- Impending graduation
- All remedial courses complete
- All freshman Math courses complete
- All freshman English courses complete

**Please attach a degree check sheet**

**Total Hours** \_\_\_\_\_

Reason for Overload \_\_\_\_\_

Student's Signature and Date \_\_\_\_\_

Advisor's Signature and Date \_\_\_\_\_

- Approve
- Disapprove

Department Head's Signature and Date \_\_\_\_\_

- Approve
- Disapprove

Dean's Signature and Date \_\_\_\_\_

- Approve
- Disapprove