

University of
LOUISIANA Overload Request
Monroe

Name: _____ CWID: _____ Major: _____

I request approval for the following course(s) during the _____ 20 _____ semester.

Course (ex: MUSC 1091)	Hours

Criteria for Consideration: *(Check all that apply)*

- 3.0 GPA or greater
- Impending graduation Term: _____
- Impending program application Term: _____
- Scholarship requirements
- Completion of all core English composition and Math requirements

Total Number of Hours

Reason for overload:

Student's Signature * _____
Date

Advisor Signature (CAES or CHPS) _____ Approve
Date _____ Disapprove

Program Representative Signature _____ Approve
(Program Director - CHPS; School Director - CAES or CBSS) Date _____ Disapprove

Associate Dean or Dean's Signature _____ Approve
Date _____ Disapprove