



East Georgia State College
 Office of Student Affairs
 131 College Circle
 Swainsboro, GA 30401
 Tel: (478)289-2169
 Fax: (478)289-2353

Course Overload Request Form

Select Term: *

* * *

Last Name First Name Middle / Maiden Name Student ID Number

*

Mailing Address

* * -- Please Select --

City Select State Zip Code

*

Current Telephone Number

NORMAL COURSE LOAD:

Normal Course Load:			
CRN Number	Subject	Course Number	Credit Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Hours:			* <input type="text"/>

REQUESTED OVERLOAD COURSES:

Requested Overload Course(s):			
CRN Number	Subject	Course Number	Credit Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Hours:			* <input type="text"/>
Cumulative Total Hours:			<input type="text"/>

Reason for Overload Request:

*****If the course is full, the student must have override permission from the instructor before the course can be added.*****

Student Signature: _____ Date: _____

(Use in lieu of electronic signature)

Approvals: Note All signatures in the order below are required before request will be processed.

Academic Advisor: _____ Date : _____

VP for Academic Affairs: _____ Date: _____

Registrar: _____ Date: _____

(Registrar's Office Use)

*

KEY_BANID:

*

KEY_TermCode:

*

Processed By: