



REQUEST FOR OVERLOAD APPROVAL

SSA Return to: SSA Leanne R. L...
dte.

- I Turn in the completed form to the following location: Davis Hall
- IV. You should allow at least 24 hours for processing. You will receive notification via email through the system. If your request is denied, you will receive notification via email through the system.

Return this form via fax (974-4699), scan in and email (jpwalker@usf.edu) or you can physically bring it in to our office in Davis Hall.

Name: _____ Student ID: U _____

Phone Number: _____ E-mail: _____

Major: _____ Semester: _____

Total number of semester hours requested: _____ I am asking for an overload for _____ for the following reason: _____ (semester/year)

My proposed list of classes for the semester in which I am requesting the overload is as follows:

I understand that it may not be in my best interest to take an overload, and I accept full responsibility for my actions.

Signature: _____ Date: _____

Advisors Comments (Mandatory for students with grade point average <3.0):

Office Use Only

GPA: _____ Approval Signature: _____ Hours Approved: _____ Date: _____