COLLEGE OF SCIENCE REQUEST FOR OVERLOAD (OVERHOURS)



This form should only be used if a student is wishing to enroll in more than the credit hours below during a particular term

Fall/Spring Semesters	Requesting to enroll in more than 19 credit hours
Summer Session	Requesting to enroll in more than 18 credit hours
Winter Session	Requesting to enroll in more than 6 credit hours

Restrictions regarding requesting overhours

If a student's overall GPA is over 2.50	No restrictions on requesting overhours			
If a student's overall GPA is between 2.00 and 2.50	Students may request overhours only if graduating in the specified term			
ii a student's overall GPA is between 2.00 and 2.50	and the overhours are REQUIRED to complete graduation requirements			
If a student's overall GPA is below 2.00	Students may not request overhours			

INSTRUCTIONS FOR COMPLETING THE FORM:

- 1. This form must be completed during the Drop/Add period, NOT during course request.
- 2. Schedule an appointment with your academic advisor to discuss the overhours request and submit the form to them. Your academic advisor will submit the form to the College of Science Dean's Office for processing.
- 3. You will be contacted if your request is DENIED or if we need additional information regarding your request.

Processing of this form DOES NOT register the student for any courses. Students will not be notified if the request for overhours is approved and will need to try registering for the course on their own. If approved, the student will register for the course through HokieSpa or request a force add through the academic department of the course.

Term Requesting	Overhours for:	Fall	Winter	Spring	Summer	Year			
First & Last Name		Last 4 C	Digits of Student	ID	VT Email				
Phone Number —	Maj	or(s)				Overall GPA			
Please list ALL the courses you plan to take for the specified term Reason for the overhours request									
CRN	Course Information	CREDIT HOU	RS		<u> </u>				
EX: 11541	BIOL 1014	3							
Total credit ho	urs requested for the term								
STUDENT'S SIGNATUR	E D	ATE							
ACADEMIC ADVISOR S	SIGNATURE DA	ATE							
(Academic Advisor will	submit this form to								

(Academic Advisor will submit this form to the College of Science Dean's office for approval)