

OVERLOAD APPEAL

2)

I plan to take a total of _____ hours during the semester for which I want to take an overload.

3) Have you taken an overload previously? Yes _____ No _____

4) If you did take an overload, did you make a C or better in the course? Yes _____ No _____ N/A _____

5) If you are requesting an overload involving an on-line or correspondence course, have you made a C or better in this type of course previously
Yes _____ No _____ N/A _____

6) How many hours will you take at ~~another~~ university during the semester for which your overload is requested? _____

7) Total hours you will work per week: _____ Number of hours you will spend commuting per day: _____

8) Number of hours you will spend in mandatory activities (e.g. practice for athletics, music, etc.) _____

9) Please **explain** w

