

**REQUEST FOR STUDIO COURSE OVERLOAD**  
**Department of Art and Design**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Term of Overload \_\_\_\_\_

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***Students are limited to (3) Studio classes per term unless prior approval is given by the student's advisor, the department chair, and all faculty teaching those courses.***

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**Instructor Considerations:** demands of your course /// student outcomes, effort, and time management in previous courses

**Advisor Considerations:** history of studio course load /// grades in previous studio coursework /// time to degree

**Proposed Courses**

**Instructor Signatures of Approval**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

Advisor Approval \_\_\_\_\_ Date \_\_\_\_\_

Chair Approval \_\_\_\_\_ Date \_\_\_\_\_