

University of Wisconsin-Whitewater
College of Arts and Communication

Undergraduate Overload Request Form

Date: _____ Semester Affected: _____

Name: _____ Local Address: _____

ID Number: _____

Phone Number: _____

Major: _____ Total Credits Earned: _____

Minor (if appl): _____ Cumulative GPA: _____

Advisor: _____ Date of Graduation: _____

Undergraduate Students Only: List *all* of the courses you wish to take (include the course number, NOT the cref number) and the number of credits for each course:

Course #	Course Name	# Credits	Course #	Course Name	# Credits
			Total Credits Requested: _____		

Please state the reason(s) for your overload request: _____

DO NOT WRITE IN THIS SECTION

Approved Signature: _____ Date: _____

Not Approved Comments: _____
