

**UNIVERSITY OF WISCONSIN-WHITEWATER
SCHOOL OF GRADUATE STUDIES
OVERLOAD REQUEST FORM**

Date _____ Semester Affected _____
Name _____ I.D. # _____
Local Address _____ Local Phone _____

COMPLETE THE FOLLOWING:

Overall Graduate G.P.A. _____ Graduate Credits Completed _____
Degree Program _____ Emphasis _____
List the course number, course name, and number of credits for each course that you wish to take: _____

How many credits do want to carry? _____ Graduate Assistant ___yes ___no
Adviser's Name _____ Date Planning to Graduate _____
State Reason for overload request: _____

Student's Signature _____

SUBMIT FORM TO PROGRAM COORDINATOR FOR SIGNATURE:

The PROGRAM COORDINATOR'S SIGNATURE on this form indicates that the program coordinator has been informed of the overload request and has had the opportunity to comment on the request.
___ Recommend Approval Signed _____
___ Recommend Disapproval _____ Program Coordinator
Program Coordinator's Remarks: _____

AFTER OBTAINING PROGRAM COORDINATOR'S SIGNATURE—RETURN FORM TO GRADUATE OFFICE

***** GRADUATE OFFICE USE ONLY *****

___ Approved
___ Not Approved Signed _____ Date _____
Graduate Office Signature

Remarks: _____

- ___ Coded
- ___ Exceptions Book
- ___ Copy Sent to Student
- ___ If Graduate Assistant, copy to Graduate Assistant Coordinator