

**OFFICE OF GRADUATE STUDIES  
MISSISSIPPI STATE UNIVERSITY**

**REQUEST FOR SCHEDULING OVERLOAD  
GRADUATE STUDENTS**

Name: \_\_\_\_\_

ID# \_\_\_\_\_ Major: \_\_\_\_\_

I request permission to take a total of \_\_\_\_\_ hours during the period of enrollment noted below. My graduate GPA is \_\_\_\_\_. I realize that I will not be allowed to drop any of my courses beyond the last day to drop. A copy of my proposed semester schedule is attached.

Enrollment period (check one):

_____ Fall	200__	_____ Summer I	200__
_____ Spring	200__	_____ Summer II	200__
		_____ Summer 10-week	200__

Reason for request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student's:                      Signature \_\_\_\_\_  
  Phone Number \_\_\_\_\_  
  Email Address \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

\_\_\_\_\_  
Major Professor

\_\_\_\_\_  
Graduate Coordinator

\_\_\_\_\_  
Dean of College

Comments: \_\_\_\_\_

Note: After obtaining the Dean's approval, submit this form to the Office of the Registrar in Garner Hall for processing.

February 2000