REQUEST FOR WAIVER OF OVERLOAD POLICY

Name:		Date:	Date:	
ID#:	Major:	Email:		
Local Mailing Address:		Local Phone:		
		the period of enrollment noted below to drop. I also accept the responsibil		
\square Spring \square 2 ⁿ	5-week summer term d 5-week summer term d-week summer term	(Total Hours for 1 st 5 week (Total Hours for 2 nd 5 week (Total Hours for 10-week)	
My grade point average is:				
2 MSU gra	erm immediately preceding ade point average. ve grade point average.	the enrollment period noted.		
Classification: Fresh	man	Junior		
I expect to graduate at the end of	he period of enrollment no	oted above:		
Reason for request:				
Comments/Conditions:				
	IST OF ALL COURSES:	*Indicates Overload Course		
CRN# Course Symbol Number		CRN# Course Symbol Numb	ber Section	
Student's Printed Name	Date	Student's Signature	Date	
Advisor's Printed Name	Date	Advisor's Signature	Date	
Department's Head Printed Name	Date	Department's Head Signature	Date	
Dean's Printed Name	Date	Dean's Signature	Date	

November 2015