



REQUEST FOR OVERLOAD HOURS

Registrar's Office
800 Wheatley Street, Americus, GA 31709-4379

Name: _____ Date: _____
 gswID#: _____ Major: _____
 Semester: _____ No. of Credit Hours: _____ GPA: _____

PROPOSED COURSES

CRN	Course Name/Number	CRN	Course Name/Number

Rationale:

Dean Signature

Advisor's Signature

Advisor Notes:
