

# Credit Overload Request

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_ Semester: \_\_\_\_\_

Major: \_\_\_\_\_ Year in School: \_\_\_\_\_  
(Sr., Jr., So., Only)

Current GPA: \_\_\_\_\_

\*GPA must be at least a 3.0 for an overload request.

No. of Hours Requested: \_\_\_\_\_

(Limited to 21)

Reason for Overload:

Proposed Courses:

Student Signature

Date

Approval of Advisor: _____	Date: _____	_____ Received Date
Approval of Division Chair: _____	Date: _____	_____ Input Date
		_____ Initials



**SOUTHERN  
VIRGINIA  
UNIVERSITY**

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