

Credit Overload Request

Name: _____ Student ID Number: _____

Phone: _____ E-mail: _____

Date: _____ Semester: _____

Major: _____ Year in School: _____
(Only SO, JR or SR)

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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