SNEAD STATE COMMUNITY COLLEGE
Course Overload Request

Student Name (Please print legibly) _______________________________________

Student Number (S#) __________________________

Semester __________________ Term ________ Year ________

Current Total Credit Hours ______________ Requested Total Credit Hours ______________

Current Course Schedule ______________________________________________________

Courses to Be Added to Schedule ______________________________________________

Reason for Requesting Overload Hours __________________________________________

________________________________________________________________________________________

Note to Student: Request forms MUST be submitted to Ms. Clowdus by 3:00 p.m. on the last day to register for classes.

Approval information concerning this request will be sent to you via your Snead State Student WebMail account.

Student’s Signature ___________________________ Date: _______________________

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APPROVAL (This section to be completed by Academic Affairs Office):

Current Cumulative GPA ______________

If GPA not available, other pertinent information that should be considered ______________

________________________________________________________________________________________

Dean for Liberal Arts and Academic Success ___________________________ Date: __________

Dean for STEM Education and Online Learning ___________________________ Date: __________