



**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 Instructional Office):**

**Current Cumulative GPA** \_\_\_\_\_

**If GPA not available, other pertinent information that should be considered** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vice President for Academic Affairs \_\_\_\_\_ Date: \_\_\_\_\_