



SNEAD STATE COMMUNITY COLLEGE
Course Overload Request

Student Name (Please print legibly) _____

Student Number (A#) _____

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: _____