



SNEAD STATE COMMUNITY COLLEGE
Course Overload Request
(22 to 28 hours)

Student Name (Please print legibly)

Student Number (A#)

Semester – check one: Fall Spring Summer Year 20

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 Academic Affairs (ADM 217) or AcademicAffairs@snead.edu by 3:00 p.m. on the last day to register for classes.**

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

Student's Signature _____ Date _____

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

Current Cumulative GPA _____

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

Vice President for Academic Affairs _____ Date: _____