

MIDDLE TENNESSEE STATE UNIVERSITY
COLLEGE OF BEHAVIORAL AND HEALTH SCIENCES
REQUEST FOR OVERLOAD

Name of Student

M#

Major

Department

Semester _____ Year _____

(If Summer, indicate hours per session)

Total Semester Hours Desired _____

Full Term _____

Total Hours Earned _____

May Term (S1) _____

Quality Point Average _____

June Term (S2) _____

July Term (S3) _____

June/July Term (S4) _____

RODP Term (R) _____

Reason for Requesting Overload

- _____ 1. Quality Point Average
- _____ 2. Candidate for Degree at Next Convocation
- _____ 3. Repeating ___ Hours
- _____ 4. Other: Explain _____

Signature of Advisor

Date

Signature of Department Chair

Date

Signature of Dean or Associate Dean

Date

For final approval by Dean or Associate Dean, take this form to:

Ms. Linda Hall, Executive Secretary
College of Behavioral and Health Sciences
Cason-Kennedy Nursing Building N251
615-898-2900