

UNIVERSITY OF WISCONSIN-WHITewater  
COLLEGE OF EDUCATION

## Undergraduate Overload Request Form

Today's Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 ID#: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Semester Affected: \_\_\_\_\_  
 Current Major: \_\_\_\_\_  
 Total Credits Earned: \_\_\_\_\_  
 Current COMBINED GPA: \_\_\_\_\_  
 Anticipated Date of Graduation: \_\_\_\_\_

**Undergraduate Students Only:**

List **ALL** of the courses you wish to take. This includes the courses that you have already registered for and the courses that will make your registration an overload. Please include the course number and the number of credits of each course.

**\*\*Graduate Overload Requests must be requested at the Graduate Office, Roseman 2015\*\***

**Summer Session:**

In addition to the course number and number of credits, you must also indicate the session in which the course will be taken and the total number of weeks the course is offered. Failure to furnish this information will result in a processing delay.

Course #	Course Name	# of Credits	Session (Summer Only)	# of Weeks (Summer Only)	Dates
<b>TOTAL NUMBER OF CREDITS</b>					

**Do not write in this section**

**Approved**

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**NOT Approved**

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_