University of Wisconsin-Whitewater  
College of Arts and Communication

**Undergraduate Overload Request Form**

Date: __________________________  Semester Affected: __________________________

Name: __________________________  Local Address: __________________________

ID Number: ______________________  Phone Number: _______________________

Major: __________________________  Total Credits Earned: ______________________

Minor (if appl): __________________  Cumulative GPA: _______________________

Advisor: _________________________  Date of Graduation: _____________________

**Undergraduate Students Only:** List *all* of the courses you wish to take (include the course number, NOT the crf number) and the number of credits for each course:

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<th>Course Name</th>
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Total Credits Requested: ______________________

Please state the reason(s) for your overload request:

________________________________________________________________________

________________________________________________________________________

**DO NOT WRITE IN THIS SECTION**

☐ Approved  
Signature: __________________________  Date: __________________________

☐ Not Approved  
Comments: __________________________________________________________

________________________________________________________________________