

PETITION TO TAKE AN OVERLOAD at CARSON-NEWMAN UNIVERSITY

Student Name _____ Student ID # _____

Address _____ City _____ ST _____ Zip _____

Email Address _____ @ cn. edu Cell phone # _____

Request for an overload during which term: _____ term/year.

Course number/s you wish to add: _____

How many total hours are you requesting to take? _____ **
**All hours above 17 are charged additional tuition per hour based on the rate established for the academic year. _____
Student initials

Please state your reasons for wanting to take an overload:

What other obligations do you have during this time, i.e., work, family, etc?

Adviser's Recommendation: _____

Adviser's signature _____ Date _____

RETURN THIS REQUEST TO THE REGISTRAR'S OFFICE
Email: registrar@cn.edu

For Office Use Only:

Committee Review:

Total number of hours attempted/completed _____ GPA _____

Committee Decision: Approved _____ Denied _____ Date: _____