



Department of Educational Leadership and Technology
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OVERLOAD REQUEST

Name: _____ UIN: _____

Street Address: _____

City, State, Zip Code: _____

Work Telephone: _____ Home Telephone: _____ Cell: _____

Work Email: _____ Home Email: _____

Current Dept. Major: _____ Current Grade Point Average: _____

College Degrees Earned and Conferred and Credits Completed:

Date	Degree(s) and/or Hours	College or University

Graduate Enrollment Status: _____ Special non-Degree _____ Probationary _____ Provisional
_____ Conditional _____ Full _____ Post-Masters's

Courses in which you plan to enroll:

Course Title and Number	Hours
Total Number Hours	

Have you ever made other requests for overloads at TSU? _____ Yes _____ No

When? _____ Was the request approved? _____ If no, please state why below:

In a well-organized, cogent paragraph, please state your rationale for requesting this overload on the back of this form. Make sure you have adequately explained your reasons for requesting an overload.

I understand that a request for overload does not guaranteed that such will be approved. I further understand that approval for an overload is made on an individual basis and must be consistent with the aims and expectations of Tarleton State University.

Student Signature/ Date

Advisor/Date

Department Chair/Date

Dean/Date