



Graduate Student Overload Request

Date: _____

It is requested that I, _____, K ID# _____, be

permitted to carry over an over load of classes during the _____ semester for the following reason(s):

I wish to carry a total load of ____ hours which is an overload of ____ hour(s).
Attached is a copy of my current transcript and the proposed schedule for the semester with the overload.

Signatures/Approval:

_____ Student	_____ Signature	Date: _____
_____ Graduate Coordinator	_____ Signature	Date: _____
_____ Department Chair	_____ Signature	Date: _____
_____ VP for Research and Dean of Graduate Studies		Date: _____

For Registrar's Office use only: Processed By _____ Date _____

Return this form to the Office of the Registrar in person at Blue and Gold Central(BGC) MSUB Room 132, or by Email: registrar@tamuk.edu.