Credit Hour Overload Appeal Request Form

11.18.26WG

College of Science and Engineering Technology
Sam Houston State University

Requesting Student:

Name _____ Sam ID _____

Major(s) _____ Minor(s) _____

Phone _____ E-mail _____

Overall GPA: _____ SHSU GPA: _____ Transfer GPA (if applicable): _____ Credit Hours Completed: _____

Questions for Student: (Time-related questions apply to the semester during which the overload is requested)

1) Indicate semester you wish to take an overload: Fall ☐ Spring ☐ Summer ☐
2) Will you take courses at another university during the same term? _____
3) Total hours you will work per week during overload term: _____
4) Number of hours you will spend commuting per week: _____
5) Number of hours you will spend in mandatory activities (e.g. athletics, music, rodeo, etc.) per week: _____

List all course numbers and hours for each course taken in this term (ex. AGRI 4096, 2 hrs)

Total Hours Requested ☐

I certify that the information I have provided is correct, and I understand that taking an overload may adversely affect my GPA.

_____ _____
Student Signature Date

SHSU ACADEMIC ADVISOR

1. Does the student need this course in order to graduate in a timely manner? YES ☐ NO ☐
2. Can the student take the course during another semester based on course offerings? YES ☐ NO ☐
3. **Do you, as the advisor, support the decision for the requesting student to take an overload? YES ☐ NO ☐**

_____ _____
Academic Advisor Signature Date

This form must be submitted by the advisor to COSET@shsu.edu.

COSET DEAN'S OFFICE USE ONLY COSET Admin Initials _____

APPROVE ☐

DENY ☐ Academic Dean Signature: _____ Date _____