

Credit Hour Overload Appeal Request Form

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) Total hours to be taken in the semester of overload _____
- 3) Will you take courses at another university during the same term? _____
- 4) Total hours you will work per week during overload term: _____
- 5) Number of hours you will spend commuting per week: _____
- 6) Number of hours you will spend in mandatory activities (e.g. practice for athletics, music, rodeo, etc.) per week _____

List ALL courses you plan to take during the overload semester and put an X in the semester column in which it will be taken

Course Number & Title	Credit Hours	Summer Mini-semester	Summer 1	Summer 2	Summer (10 weeks)	Fall	Spring

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 _____