

REQUEST TO REGISTER FOR AN OVERLOAD

COLLEGE OF CRIMINAL JUSTICE
SAM HOUSTON STATE UNIVERSITY

This document lists guidelines pertaining to Overload Requests for the College of Criminal Justice. Please review the information below *before* completing the Request to Register for an Overload Form.

In order to be classified as a full-time student you need to be registered for at least 12 semester credit hours of course work for the Fall, Spring, and Summer semesters. The maximum loads are as follows:

Maximum load:	Summer (this includes both Summer I and Summer II)	14 hours
	Fall and Spring	19 hours

If you desire to take more than this you should be aware that the extra demands may harm your progress in some, and perhaps, all the courses you take. You need to explain and justify why you need to take more than the maximum load hours and you need to outline your schedule (including any outside employment, commuting, etc).

All questions must be filled out for your Overload Request to be reviewed and processed.

Guidelines:

Consideration for Overload Approval

- Students must have an SHSU GPA to be reviewed for an Overload Request.
- Students must be in Good Academic Standing.
- Course selections will be considered.
- External Factors and commitment to commuting time, work-related activities, and/or participation in campus activities will be considered.

The following questions are to be completed by the student. Once filled out, this form is to be sent to

cjacademics@shsu.edu

Student Name: _____ SAM ID: _____ GPA: _____ Transfer GPA: _____

Major(s): _____ Minor(s): _____ Student Email: _____

Phone Number: _____ Tentative graduation date (semester and year): _____

1. I am requesting an Overload for the _____ semester in _____ (year).
2. I plan to take a total number of _____ hours.
3. Have you previously taken a course Overload? ____ YES ____ NO
 - 3a. If you have previously taken a course Overload, did you make grades of "C" or better in all your courses?
____ YES ____ NO ____ N/A
4. Number of school hours per week: _____
5. Number of work hours per week: _____
6. Number of hours spent in Student Activities or Organizations per week: _____
7. Number of commuting hours per week: _____

Please use the box below to list **All** courses you plan to take during the Overload semester.

Course Subject and Number	Course Title	Course Credit Hours	Part of Term
<i>Ex: CRIJ 4385</i>	<i>Criminal Justice & Social Diversity</i>	<i>3 hours</i>	<i>Full Term</i>

Please provide your reason(s) for why you are requesting a course Overload (which entails risk to your academic standing):

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

COCJ OFFICE OF THE DEAN USE ONLY

Approved
 Denied

Academic Dean's Signature

Date

Comments:
