

# 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

COSET DEAN'S OFFICE USE ONLY COSET Admin Initials \_\_\_\_\_

APPROVE \_\_\_\_\_

DENY \_\_\_\_\_ Academic Dean Signature: \_\_\_\_\_ Date \_\_\_\_\_