

REQUEST TO TAKE: OVERLOAD DEADLINE FOR SUBMISSION -- PRIOR TO START DATE OF SEMESTER

Name	U#	Telep	Telephone	
Current Semester/Year:	Full-time Day □	Part-time □	Credits Comp	leted:
If you are	e requesting an overload enter yo	our cumulative GPA	.:	
I request permission to take	credits in the	□Spring □Sun	nmer Semester	Year
Reason for Request				
<u>Full-time Students – Acknowledg</u>	ement of Academic Policy			
I understand that Elisabeth Haub by full-time students is such that	•			•
I understand that it is the policy of refuse to consider the fact that a sedeciding petitions for readmission	student worked in excess of	f twenty hours a	week as special	circumstance in
I,standard.	(print name), have read	the above staten	nents and agree	to comply with the
Student's Signature	Date			
Associate Dean for Academic Af	fairs' Comments:			
Associate Dean for Academic Af	 fairs' Signature	Date		