



## Graduate Level Course Overload Form

This form is for students who have a full time status, and wishing to register in more than the allowed 2 credits (i.e. 4 courses) for the term. For students with full time status, the Thesis/Project credits is counted as one course within this limit. This form does not apply for part time graduate students as the requirement for part time status is to only take 1.25 credits per term.

<b>Last Name</b>
<b>Student number</b>

<b>First Name</b>
<b>Advisor/Supervisor Name</b>

**Term of Admission & Program:** \_\_\_\_\_

Please identify the term for which you are requesting the course overload Select one option only.

Year _____	<input type="checkbox"/> Fall Term	<input type="checkbox"/> Winter Term	<input type="checkbox"/> Summer term
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Credit Limit Requested: \_\_\_\_\_

**Please explain why the course overload is required:**

**Please attach a copy of your current academic audit with the form**  
*Submit forms for departmental approval, ME 3452 Bldg.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor/Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

Departmental Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____	
Authorized Departmental Name: _____	
Authorized Departmental Signature: _____	Date: _____