

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.

Last Name	First Name
Student number	Advisor/Supervisor Name

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
------------	------------------------------------	--------------------------------------	--------------------------------------

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

☐ Approved ☐ Denied

Comments: _____

Authorized Departmental Name: _____

Authorized Departmental Signature: _____ **Date:** _____