

# Overload Request Petition Form

Please fill out this form completely.

Student Number:

Last Name	
First Name	Initial

MyCarleton Email Address
Daytime Telephone

**Program Information**

Degree Program: \_\_\_\_\_  
(Please specify program)

Special Student\*

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

Summer  
(overload = 2.5 credits)

Fall only  
(overload = 3.0 credits)

Winter Only  
(overload = 3.0 credits)

Fall/Winter  
(overload = 3.0 credits each term)

\* Please note for Special Students an overload consists of a maximum of 1.5 credits in any term  
 \*\* Requests for credit limits above those defined are considered extreme overloads and require a minimum Overall CGPA of 10.00 for consideration. Further supporting documentation may also be required.  
 \*\*\* For the purpose of overload consideration, the calculation of the overall CGPA excludes current registration.

Please explain why overload is required, and why you believe you can be successful with a a heavier course load:

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

By submitting this form, you acknowledge that you have read the following [privacy notice](#).

Decision (Office Use Only)	
Overall CGPA: _____ Major CGPA: _____	
Year Level: _____ Academic Standing: _____	
<input type="checkbox"/> On Hold for Term Results (indicate term): _____ <input type="checkbox"/> Granted <input type="checkbox"/> Not Granted <input type="checkbox"/> Granted at the Counter Initials: _____ Date: _____	<input type="checkbox"/> Credit Limit Increased to: _____ <input type="checkbox"/> Logged out <input type="checkbox"/> Student Notified Initials: _____ Date: _____
Comments:	