

# Academic Overload Petition Form

Please complete this form and return it to the **Academic Affairs Office**.

**Deadline to submit this petition for Spring 2018: January 17, 2018**

Students who wish to enroll for more than 19 semester hours of study in any one semester must apply for permission to carry an academic overload by petitioning the dean of the College. Permission for an academic overload will be based on the following criteria:

- Second semester status or higher
- A GPA of 3.000 or higher in the previous semester

For questions regarding tuition costs when enrolled over 19 semester hours, please contact the Business Office at (724) 946-7149. Full-time students may take 12 to 19 semester hours for the normal semester full-time tuition charge. Some courses are tuition-exempt **in overload situations only** (i.e. PE, MUS lessons, MUS ensembles). All policies pertaining to Academic Overload can be located in the Academic Policies section of your college catalog.

**This section to be filled out by the Student.**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Class: (FY,SO,JR,SR) \_\_\_\_\_

Intended Graduation Date: \_\_\_\_\_ Major(s) (list all): \_\_\_\_\_

I would like to take \_\_\_\_\_ semester hours in the Spring semester, 2018.

**List all courses beyond 19 semester hours:**

Course (ex. HIS)    Number (ex. 201)    Section (ex. 01)    Sem Hrs

Course (ex. HIS)    Number (ex. 201)    Section (ex. 01)    Sem Hrs

Course (ex. HIS)    Number (ex. 201)    Section (ex. 01)    Sem Hrs

Course (ex. HIS)    Number (ex. 201)    Section (ex. 01)    Sem Hrs

Course (ex. HIS)    Number (ex. 201)    Section (ex. 01)    Sem Hrs

Course (ex. HIS)    Number (ex. 201)    Section (ex. 01)    Sem Hrs

**Please attach a separate page with your rationale for requesting an overload (ex. specific programmatic requirements; attain or maintain class status; educational enrichment), and a printed copy of your schedule. Rationale must be provided in order for your petition to be considered.**

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

**Advisor Comments/Support:** By signing below, you agree to support this student's petition.

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division/School Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY** REGI:

Last Semester GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ **APPROVED:**  **DENIED:**

Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_