University of Wisconsin-Whitewater
College of Arts and Communication

Undergraduate Overload Request Form

Date: _____   Semester Affected: _____

Name: _____   Local Address: _____

ID Number: _____

_____

Phone Number: _____

Major: _____   Total Credits Earned: _____

Minor (if appl): _____   Cumulative GPA: _____

Advisor: _____   Date of Graduation: _____

Undergraduate Students Only: List _all_ of the courses you wish to take (include the course number, NOT the cref number) and the number of credits for each course:

Course #	Course Name	# Credits	Course #	Course Name	# Credits
			Total Credits Requested:		

Please state the reason(s) for your overload request: _____

_____

_____

DO NOT WRITE IN THIS SECTION

☐ **Approved**

Signature: _____ Date: _____

☐ **Not Approved**

Comments: _____

_____