Rev. 11/2010
ASC

CHRISTOPHER NEWPORT UNIVERSITY

OFFICE OF THE REGISTRAR

REQUEST FOR OVERLOAD

☐ **Fall** ☐ **Spring** ☐ **Extended Spring** **Year: 20____**

☐ **Summer:** ☐ **Term 1** ☐ **Term 2** **Year: 20_____**

***** Please attach a typed statement that fully explains your reasons for requesting an overload - OR - include statement on page two of this form. *****

Requests for overloads will be reviewed by The Academic Status Committee at the next scheduled meeting. It is the student's responsibility to obtain the appropriate signatures ***PRIOR*** to returning this form to the Office of the Registrar, Room 205, Administration Building by 5:00 p.m. on the published deadline date. If your faculty advisor is not available, your department chair may sign on behalf of your faculty advisor. After a decision has been reached, a formal response will be mailed to the address provided on the petition.

Incomplete petitions will not be reviewed. Petitions received in the Office of the Registrar after the published deadline will be presented to the committee at the next scheduled meeting. _____ Student's initials

_____ _____
Student Name (Printed) **CNU ID Number**

_____
Street Address (Residence Hall or Local Address) **City** **State** **Zip**

_____
Permanent Address **City** **State** **Zip**

_____ _____ _____ _____
Cell Phone Number **Residence Hall or Local Phone Number** **Work Phone Number** **Permanent Phone Number**

Class: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior **Anticipated Graduation Date:** ☐ May ☐ August ☐ December 20_____

_____ _____ _____
Anticipated Degree **Major** **Concentration (if applicable)**

*Complete the following section with the courses you plan to take during the overloaded semester. More than **EIGHTEEN (18)** credit hours in the **FALL/SPRING** semester and more than **EIGHTEEN (18)** credit hours in the entire **SUMMER** session (no more than two courses or six credit hours in each summer term) constitute an **overload**. Provide a complete statement on reverse side. Note: Additional charges apply for registration over 17 credits hours during fall or spring semesters. Please review the Business Office website for more information on tuition and fees. You are required to register and maintain a minimum of 12 credit hours to be considered a full-time student during regular semesters (fall and spring). Please note that students are strongly encouraged to register for at least 15 credit hours in all regular semesters to make progress toward graduation in four years.*

Department & Course Number (i.e. BIOL)	***CRN***	***Section (i.e. 01)***	***Credits***
OVERLOAD COURSE(S)			

Cumulative GPA _____ **Total Earned Hours** _____ **Total Credits** _____

Student's Signature: _____ **Date:** _____

Advisor's Signature: _____ **Advisor's Printed Name:** _____ **Date:** _____

Advisor's Recommendation: ☐ **Approve** ☐ **Disapprove** ☐ **Reviewed: No Approval or Disapproval**

FOR COMMITTEE USE ONLY: GPA _____ ☐Approve ☐Disapprove Date of Action: _____

REQUEST FOR OVERLOAD STATEMENT (please type or print)