

Saint Joseph's University
Course Overload Request Form

Date: _____ Current Term: _____ Class Year: _____

Student Name: _____ Student ID #: _____

Major: _____ Current College: College of Arts & Sciences Haub School of Business

1. I request to take a **SIXTH** course:

_____	_____	_____
CRN	Course #	Sec.

For the following reason(s): _____

I understand that there will be an additional tuition charge for a sixth course (please see Hawk Central (BL 121) for information on the exact amount that will be charged)

I understand that permission to take a sixth course requires superior academic record; exceptions *may* be made at the discretion of the dean's office

Signature of Student: _____

Cumulative GPA: _____ GPA for past two semesters: (1) _____ (2) _____

2. Completed by your **ADVISOR**:

Request has been discussed with the student and is: recommended not recommended

Comments: _____

Signature of Advisor: _____ Date: _____

3. Completed by the **ACADEMIC DEAN**:

- **CAS** students may drop off this form in the **CAS Advising Center (BL 117)**.
- **HSB** students may have this form signed in the **William F. Leahy Advising Center (MV 150)**, and then take it to **Hawk Central (BL 121)**

Request has been: approved not approved

Comments: _____

Signature of Academic Dean: _____ Date: _____