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 a 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 Support 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:_____________________

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