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: ______________