



ADVISING SERVICES

160 Zeanah Engineering Complex (865) 974-4008

OVERLOAD REQUEST

PLEASE READ THE FOLLOWING INFORMATION

- Your past academic performance at UT is the most important factor influencing the outcome of your request; therefore, overloads are not granted to:
 - 1. First semester students (freshman or transfers) or
 - 2. Students on academic review.

| Name | | Student ID# _ | |
|---|-----------------------|---------------------|-----------------------------|
| Telephone | E-Mail | | Major |
| Semester of overload | | Year | |
| Semester and year you plan to g | graduate | Catalo | og Year |
| Please thoroughly explain the re | ason you are requesti | ng an overload | |
| | R OF HOURS WHICH | H MAY BE TAKEN WITH | OUT SPECIAL PERMISSION |
| Fall 19 | Spring 19 | Miniterm 3 | Summer 12 |
| LIST THE COURSES FOR WHI Department Name | | Ourse Number | Credit Hours |
| | | | |
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| | | | |
| LIST THE COURSES THAT WIL | L BRING YOUR TOTA | AL HOURS ABOVE THE | MAXIMUM HOURS FOR EACH TERM |
| Department Name | (| Course Number | Credit Hours |
| | | | |
| | | Total Hours | Requested |
| | | | · |
| OFFICE USE ONLY | | | |
| Decision: Granted Den | | | |
| Comments | | | |
| | | | |
| | Revie | wed by | Date |