

Reset Form



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.
- You must make any needed adjustments to your course load by the add/drop deadline.

Name _____ Student ID# _____

Telephone _____ E-Mail _____ Major _____

Semester of overload _____ Year _____

Semester and year you plan to graduate _____ Catalog Year _____

Please thoroughly explain the reason you are requesting an overload _____

Will you be working during the term of overload? _____ How many hours per week? _____

MAXIMUM NUMBER OF HOURS WHICH MAY BE TAKEN WITHOUT SPECIAL PERMISSION			
Fall 19	Spring 19	Miniterm 3	Summer 12

LIST THE COURSES FOR WHICH YOU HAVE ALREADY REGISTERED

Department Name	Course Number	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST THE COURSES THAT WILL BRING YOUR TOTAL HOURS ABOVE THE MAXIMUM HOURS FOR EACH TERM

Department Name	Course Number	Credit Hours
_____	_____	_____
_____	_____	_____

Total Hours Requested _____

OFFICE USE ONLY		
Decision:	Granted <input type="checkbox"/>	Denied <input type="checkbox"/> Pending <input type="checkbox"/>
Comments	_____	
_____	Reviewed by _____	Date _____
Is this form complete?	Signature _____	Date _____