ID: ___________ Name________________________________________________________[please print]

Class Standing: FR SO JR SR
[please circle one]

Quarter of overload: FA WI SP __________
[please circle one] [please circle year]

Course to be added
(If Independent Study, attach separate form)

<table>
<thead>
<tr>
<th>Course or lab#</th>
<th>Section #</th>
<th>Course Title</th>
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If the instructor’s permission is required, please provide here:

INSTRUCTOR’S NAME __________________________________________

INSTRUCTOR SIGNATURE _________________________________________
DATE __________

Students may overload after completion of their first quarter of enrollment on a *space available basis* and on the condition that the following requirements are met:

- **First Year Students**: A minimum cumulative GPA of 4.00 and advisor approval are required. First-year students may not overload in their first quarter of enrollment.
- **Second Year Students**: A minimum cumulative GPA of 3.50 and advisor approval are required.
- **Third Year Students**: There is no minimum GPA requirement; however, students on academic probation may not overload. Advisor approval is required.
- **Seniors**: There is no minimum GPA; however, students on academic probation may not overload. Students may not overload in their SIP quarter. Advisor approval is required.

ADVISOR SIGNATURE _________________________________________
DATE __________

STUDENT SIGNATURE _________________________________________
DATE __________

Office Use ONLY

Class: _______ GPA: _______ SIP Qtr: _______ Processed by: __________

Revised 07/21/16