

WESTERN OREGON UNIVERSITY

GRADUATE STUDENT PETITION FOR OVERLOAD

Additional Tuition is Required

Overload Petitions are required for graduate students who wish to enroll for:

17 credits or more during the Academic Year (Fall, Winter, Spring terms) *or* 10 credits or more during six-week Summer terms

Note: This form does not actually enroll you in the following courses. You are responsible for enrolling online or in person, and submitting any Add/Drop forms to the Registrar's Office as necessary to ensure that the desired course load is obtained once this petition is approved.

V# _____

Last Name: _____, First Name: _____ MI: _____

Address: _____

City: _____, State: _____ ZIP: _____

I am requesting permission to take: _____ credit hours during _____ Term, 20_____

Reason for requesting overload: _____

PROPOSED SCHEDULE OF CLASSES (LIST ALL COURSES FOR THE PROPOSED TERM):

CRN	PREFIX	COURSE TITLE	CREDITS	MON	TUE	WED	THU	FRI	SAT	SUN
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By typing your name below, you certify this is valid as your signature:

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Advisor's Recommendation: _____

Graduate Office Use Only

Approved: Denied:

Director of Graduate Programs: _____ Date: _____