

**REQUEST FOR COURSE OVERLOAD:
Extended Campus**

Name: _____ Work Telephone: _____
Address: _____ Home Telephone: _____
City, State, Zip: _____ Student ID#: _____
Email: _____ Degree: _____

To _____ **(Give/Email/ Mail to Your Advisor)**

Subject: Request permission for course overload:

Request **MUST** be submitted to the Associate Vice President for Academic Affairs' Office **one week prior to the beginning of the class.**

- Course 1** – Course Number and Name _____
Online or Classroom (circle one) Session / Term _____
- Course 2** – Course Number and Name _____
Online or Classroom (circle one) Session / Term _____
- Course 3** – Course Number and Name _____
Online or Classroom (circle one) Session / Term _____

• **My current GPA:** _____

In order to be approved, student **MUST** have a (Limestone) Cumulative GPA of 3.00 or better - and all pre-requisites **MUST** have been met.

• **Comments:** _____

(Student Signature) (Date)

Recommended: ____ Not Recommended: ____

(Academic Advisor name—(please print) Date: _____

(Academic Advisor—Signature)

Academic Advisor Email Address: _____

Academic Advisor please attach Degree Audit

Approved: ____ Not Approved: ____

(Associate Vice President for Academic Affairs) Date: _____

**Please return approved form to Student and Academic Advisor via email.
Please copy Registrar's Office via email at registrar@limestone.edu**