Request for Permission to Take a Course Overload

Year: 20	□ Fall	\square Spring	☐ Mini-to	erm □ Su	mmer
Name:			Date:		
ID# 000			Major:		
Email:		@vols.utk.edu	Cumulative credit hours:		
Phone:			Current GPA:		
Maximum number	of hours you	have attempted	in one term:		
How many of those	e hours did yo	ou pass?	With v	vhat GPA?	
Did you withdraw	from any cou	rses in which yo	u were enrolled	that term?	
How many terms h	nave you prev	iously attempted	l an overload? _		
Please explain the	reason you ar	e requesting a co	ourse overload (use back if neo	cessary):
	ll – 19 Spri	Iours Which Ma ng – 19 Mini-l ave already regis	erm – 3 Sum		n:
Department Name	Course Number	Hours -	Department Name	Course Number	Credit Hours
List the course you Department Name		Credit Hours	Total Hours R	equested:	
Approvals: Advis					
Direc	ctor of CCI Ur	ndergraduate Ad	vising:		