

**UNIVERSITY COLLEGE
UNIVERSITY OF MEMPHIS**

INSTRUCTION TO REQUEST AN OVERLOAD OF HOURS

This form should be used by students with a declared major in University College wishing to take more than the maximum allowed hours in a term. The maximum allowed hours are as follows:

| Term | Maximum Hours |
|----------------------------------|---------------|
| Fall or Spring | 20.5 |
| Summer | 23 |
| Individual Session Maximums | |
| First or Second Fall or Spring | 10 |
| Pre Summer or Three Week Session | 7 |
| First or Second Summer | 9 |
| Full Summer | 16 |

Students wishing to take an overload of hours must complete this form in full. Please allow 2-3 business days for your request to be processed. You will be notified by e-mail (UofM email account) whether or not your request has been approved. Return this form to the University College main office in 218 Brister Hall or fax to 901-678-4913.

Before you submit a request, please consider that adding one extra class will mean on average, an additional of 6-10 hours of homework and class assignments per week. Do you really have the extra time? Do you work more than 20 hours a week? If you do, we do not recommend that you take an overload.

Students whose cumulative GPA is below a 3.00 will not be approved to take an overload.

Students whose cumulative GPA is at least a 2.5 may be considered for an overload only if it is their last semester and they have at least a 3.0 GPA in their previous semester of full time enrollment.

The ability to take an overload of hours is not a right of any student. University College may deny any request if they feel it is not in the student's best interest.

University College Request to Take an Overload of Hours

(Please Print)

Name: _____ University ID #: _____

Year and Term you wish to take an overload: Year: _____ Term: _____

Home Phone: _____ Work Phone: _____

UofM E-Mail: _____ Cell Phone: _____

Your current cumulative GPA: _____ Major: _____

| Department & Course Number | Credit Hours |
|----------------------------|--------------|
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Total Hours _____

I am aware of the drop and withdrawal deadlines for the term I wish to take an overload. If I am granted permission to take an overload, I promise I will withdraw from a course or courses if I become overwhelmed or behind in my work so as not to endanger my GPA.

Student's Signature: _____ Date: _____

(Below this line for office use only)

Approved _____ Denied _____

Reason: _____

Paperwork faxed to Registrar: _____ Date: _____

Signature: _____ Date: _____

Student contacted: _____ Date: _____