OVERLOAD PETITION

(APPROVAL REQUIRED for more than 18 credits fall/spring semester or more than 8 credits in one summer session)

**A cumulative GPA of 3.0 and MEETING WITH AN ACADEMIC ADVISOR is required for approval.**

Name: _______________________________________ Date: ______________________

TU ID#: _____________________________ Email Address: ______________________@temple.edu

Term for which you are requesting overload: ______________________________

Please list each course you wish to complete during the overload term:

<table>
<thead>
<tr>
<th>Department Name</th>
<th>Course #</th>
<th># of Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Credits: ______

Please summarize the reason(s) for your request. (Use reverse side or attach typed explanation if necessary.)

Please summarize the reasons you will be successful completing this overload. (Use reverse side or attach typed explanation if necessary.)

My signature below affirms that: (1) I understand the risks involved in pursuing an overload (2) I recognize my overload approval applies ONLY to the courses listed above, and (3) I am aware of the deadlines for DROP and WITHDRAWAL for the specified term.

Student Signature: _____________________________ Date: __________________

__________________________ DO NOT WRITE BELOW THIS LINE ____________________________

Decision:  □ Approved  □ Denied

Advisor Signature: _____________________________ Date: __________________