Rev. 02/2009

CHRISTOPHER NEWPORT UNIVERSITY

OFFICE OF THE REGISTRAR

REQUEST FOR OVERLOAD

☐ Fall 20____ ☐ Spring 20____

☐ Summer 20____ ☐ Term I ☐ Term II ☐ Term III

***** Please attach a typed statement that fully explains your reasons for requesting an overload - OR - include statement on page two of this form. *****

Requests for overloads will be reviewed by The Academic Status Committee at the next scheduled meeting. It is the student's responsibility to obtain the appropriate signatures ***PRIOR*** to returning this form to the Office of the Registrar, Room 205, Administration Building by 5:00 p.m. on the published deadline date. If your faculty advisor is not available, advisors in the Academic Advising Center may sign on behalf of your faculty advisor. After a decision has been reached, a formal response will be mailed to the address provided on the petition. Overload requests should not be submitted beyond the last day of Drop/Add for any semester/term.

Incomplete petitions will not be reviewed. Petitions received in the Office of the Registrar after the published deadline will be presented to the committee at the next scheduled meeting. _____ Student's initials

_____ _____

Student Name (Printed) **CNU ID Number**

_____

Street Address (Residence Hall or Local Address) **City** **State** **Zip**

_____

Permanent Address **City** **State** **Zip**

_____ _____ _____ _____

Cell Phone Number **Residence Hall or Local Phone Number** **Work Phone Number** **Permanent Phone Number**

Class: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior **Anticipated Graduation Date:** ☐ May ☐ August ☐ December 20_____

_____ _____ _____

Anticipated Degree **Major** **Concentration (if applicable)**

*Complete the following section with the courses you plan to take during the overloaded semester. More than **EIGHTEEN (18)** credit hours in the **FALL/SPRING** semester and more than **EIGHTEEN (18)** credit hours in the entire **SUMMER** session (no more than two courses or six credit hours in each summer term) constitute an **overload**. Provide a complete statement on reverse side. Note: Additional charges apply for registration over 16 credits hours during fall or spring semesters. Please review the Business Office website for more information on tuition and fees.*

Department & Course Number (i.e. BIOL)	***CRN***	***Section (i.e. 01)***	***Credits***
OVERLOAD COURSE(S)			

Cumulative GPA _____ **Total Earned Hours** _____ **Total Credits** _____

Student's Signature: _____ **Date:** _____

Advisor's Signature: _____ **Advisor's Printed Name:** _____ **Date:** _____

Advisor's Recommendation: ☐ **Approve** ☐ **Disapprove** ☐ **Reviewed: No Approval or Disapproval**

FOR COMMITTEE USE ONLY: GPA _____ ☐Approve ☐Disapprove Date of Action: _____

REQUEST FOR OVERLOAD STATEMENT (please type or print)