



Undergraduate Academic Affairs
 College of Humanities and Social Sciences
 College of Science
CREDIT OVERLOAD REQUEST

	OFFICE USE ONLY
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*Mr/Ms: _____

*G#: _____

*Address: _____

*GMU email: _____@**gmu.edu**

Only GMU email will be accepted and used for official correspondence.

City State Zip

Telephone: if yes, we will leave a detailed message on voice mail
 Home () _____ Message? yes/no
 Work/Cell () _____ Message? yes/no

*Major: _____

***Required Information**

Please note: It is very important to assess all of your commitments when requesting a credit overload. Please refer to the University Catalog regarding academic load and employment

TOTAL CREDIT HRS. REQUESTED _____ **Semester (circle):** Fall Spring Summer **Year** _____

(Ex: If you are eligible for 18 hours and request a 3 hour class, total is 21 hours.)

Cumulative GPA _____ **Previous Semester GPA** _____ **Do you currently have any Incompletes?** _____

(Minimum of 2.33 cumulative gpa at Mason required for consideration)

EMPLOYMENT COMMITMENTS FOR THE SEMESTER OF THE OVERLOAD:

REASON FOR OVERLOAD REQUEST:

Please list your proposed schedule in the space provided below:

Course Title and Number	Section Number	Credit Hours

Read and Sign: I understand that requests are not effective unless approved by the Undergraduate Academic Affairs Office. I certify that the above information is accurate and not in violation of the Honor Code. Acceptance of requests for Dean's review does not guarantee approval or a definite date when a decision can be reached. I have read and will comply with the rules, regulations, requirements and academic policies of the college and university. I assume all responsibilities for adjusting my schedule as needed during the add/drop period and understand that no late adjustments will be allowed for academic reasons or enrollment errors on my part even if I do not take an overload.

 Student's Signature

 Date

 Advisor's Signature

 Date

Approved/Denied

Total hours granted _____ **Academic Semester** _____

Approved / Denied _____ **Date** _____

Associate/Assistant Dean