



800 Wheatley Street, Americus, GA 31709-4379

REQUEST FOR OVERLOAD HOURS

Name: _____ Date: _____

gswID#: _____ Major: _____

Semester: _____ No. of Credit Hours: _____ GPA: _____

PROPOSED COURSES

CRN	Course Name/Number	CRN	Course Name/Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Rationale:

Academic Affairs Signature

Advisor's Signature