



Undergraduate Request for Course Overload

To be considered full-time, a term-based undergraduate student must be enrolled in eight (8) semester hours in a ten-week term. Term-based undergraduate students requesting to enroll in more than eight (8) semester hours in a ten-week term must have approval of the Campus Director, preferably two (2) weeks prior to the registration period. Approvals are based on extenuating circumstances.

Factors considered for approval include, but are not limited to: GPA, request, admission conditions, and type of courses the student requested. Approvals are typically granted once during a student's undergraduate career.

Since the decision to take more than the recommended units can affect a student's academic performance, and our students' success is of utmost importance to the University of La Verne, we require students to acknowledge understanding of the course overload.

CRITERIA

For a course overload to be approved, a student must meet the following requirements:

1. Have been officially admitted into the degree program and have fulfilled the conditions of admission.
2. Have successfully completed two (2) undergraduate courses with the University of La Verne.
3. Have either [a] or [b] apply:
 - a) It is the final term before student will graduate (confirmation of *Application for Graduation* is required).
 - or-
 - b) Other extenuating circumstances are in effect.

PROCEDURE

1. Complete the *Course Overload Request* form and return it to your Academic Advisor.
2. Requests should be submitted **at least** two (2) weeks prior to the **start** of the registration period of the term for which the course overload is requested.
3. The *Request for Course Overload* form will be returned to the student and will indicate whether or not the course overload is approved.



Undergraduate Request for Course Overload

Student Information

Student Name:				ID#:			
Address:							
Day Phone Number:	Cell	Work	Home	Advisor:			
Projected Date of Graduation:							

Requested term for Overload:

FALL
 WINTER
 SPRING
 SUMMER
 YEAR: _____

Course Number(s) and Title(s) of Course(s) I plan to take:

Department	Course #	Title	Location

I will currently be enrolled in: _____ units at _____
Name of College or University

Reason for the course overload:

- I understand that if my course overload request is approved, I am expected to work approximately 30 hours per week on my courses. I accept responsibility for the low grades I could incur due to the heavy workload.
- I understand that it is my responsibility to be knowledgeable of the drop and withdrawal deadlines and any financial implications which may occur from dropping or withdrawing from a course(s).
- If I have any questions regarding the above information at any time, I will contact my Academic Advisor.

Student's Signature: _____ Date: _____

RCA OFFICE USE	
Student's GPA: _____	Request Approved: <input type="checkbox"/> Request Not Approved: <input type="checkbox"/>
Comments:	
Campus Director Signature: _____	Date: _____