REQUEST FOR COURSE OVERLOAD

For **undergraduate** students enrolled in a 10-week term, eight semester hours constitute full-time status; four semester hours constitute half-time status. For undergraduate students enrolled in a five week term, four semester hours constitute full-time status.

For **graduate** students enrolled in a 10-week term, six semester hours constitute full-time status; three semester hours constitute half-time status. For graduate students enrolled in a five week term, three semester hours constitute full-time status.

La Verne Online students requesting to enroll in more than the number of semester hours specified for full-time enrollment must have approval by the Assistant Dean, Academic and Student Services at least two weeks prior to the start of the registration period. Approvals are based on extenuating circumstances.

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

1. Officially admitted into the degree program.
2. Successfully completed one (1) term with the University of La Verne.
3. Have either [a] or [b] apply:
   a) It is the final term before student will graduate
   b) Other extenuating circumstances are in effect
4. The type or nature of the courses for which the student is requesting permission to enroll, and the student's grade point average, are also considered during the approval process.

PROCEDURE

1. Complete the Course Overload Request form (front side) 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.
REQUEST FOR COURSE OVERLOAD

Student: ___________________________ ID#: ___________________________

Address: ____________________________________________________________

Street  City  State  Zip

Work Phone: ___________________________ Home Phone: ___________________________

Campus Location: ___________________________ Advisor: ___________________________

Projected Date of Graduation: ___________________________

REQUESTED TERM OVERLOAD:  [ ] FALL  [ ] WINTER  [ ] SPRING  [ ] SUMMER  YEAR: ______

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

<table>
<thead>
<tr>
<th>Department</th>
<th>Course #</th>
<th>Title</th>
<th>Location</th>
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I will currently be enrolled in: ________ number of units at ___________________________

Name of College or University

Reason why I would like to take more than two (2) classes:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Student’s Signature: ___________________________ Date: ___________________________

RCA OFFICE USE

[ ] APPROVED  Student’s GPA: __________

[ ] NOT APPROVED  For the following reasons: ___________________________

Assistant Dean’s Signature: ___________________________ Date: ___________________________