PETITION FOR COURSE OVERLOAD

Name ____________________________________________________________________________________________
Rhodes ID Number:  R __ __ __ __ __ __ __ __  Year of Graduation ________________________________

[First year students are ineligible to take course overloads.]

Permission is requested to take a course overload of more than nineteen (19) credits during the ___________ semester, academic year ___________. My Current GPA: __________  Current Total Credits Earned: __________

The reasons for this petition are:  (Attach additional sheet if necessary)

List below your complete schedule without the overload, including all labs, directed inquiries, consortium courses or courses taken off-campus during the semester of the proposed overload.

<table>
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<tr>
<th>Department</th>
<th>Course Number</th>
<th>Section</th>
<th>CRN</th>
<th>Professor</th>
<th>Credits</th>
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Total credits without overload  ______________________

List below all the course(s) you will add to your schedule if this petition is approved. If the petition is not approved, the course(s) may not be added to your schedule or, if already on your schedule, will be dropped.

________________________________________________

Total credits with overload  _______________

I understand that additional tuition will be charged for each hour over nineteen (19).

Signature of Student ___________________________  Date __________________

Name of Faculty Adviser (Print) ____________________________

( ) I approve this petition.  ( ) I approve this petition with reservations.  ( ) I do not approve this petition.

Comments:

Signature of Faculty Adviser ___________________________  Date __________________

*****************************************************************
For the Committee:  ( ) Approved  ( ) Denied  ( ) Returned for additional information

Signature ___________________________  Date __________________

Nov 2019