

# GRADUATE OVERLOAD REQUEST FORM

Graduate and Continuing Ed., Raymond Hall 206

**Summer:** Registration for more than seven (7) credit hours in a Summer Session requires the permission of your graduate adviser and the Dean of the School of Education & Professional Studies and Graduate and Continuing Ed. Please consult with your adviser.

**Fall/Spring:** Registration for more than 15 graduate credit hours (with the possibility of 3 additional undergraduate credits) during a fall or spring semester requires permission of your graduate advisor and the Dean of the School of Education & Professional Studies and Graduate and Continuing Ed.. Please consult with your adviser, complete this form and return it to Raymond Hall 206 for consideration.

**Student's Section:** *The student must fill out this section completely and present it to his/her advisor. The student must then present the form to the Graduate and Continuing Ed..*

_____	_____	_____
Last Name	First Name	Potsdam ID #
_____	_____	_____
Phone	Email	_____ Undergrad 60 GPA
_____	_____	_____ Undergrad Cum. GPA
Total Hrs. Requested	Semester/Year	_____ Graduate GPA

I am requesting to register for a total of \_\_\_\_\_ graduate credit hours and \_\_\_\_\_ undergraduate credit hours during the following sessions as indicated below:

	<u>No. of cr.</u>	<u>No. of cr.</u>	<u>List coursework here</u>
Spring	_____	_____	_____
Fall	_____	_____	_____
Summer:			
Session I (6 weeks)	_____ Grad.cr.	_____ Undergrad cr.	_____
Session IA (3 weeks)	_____ Grad.cr.	_____ Undergrad cr.	_____
Session IB (3 weeks)	_____ Grad.cr.	_____ Undergrad cr.	_____
Session II (6 weeks)	_____ Grad.cr.	_____ Undergrad cr.	_____
Session IIC (3 weeks)	_____ Grad.cr.	_____ Undergrad cr.	_____
Session IID (3 weeks)	_____ Grad.cr.	_____ Undergrad cr.	_____

***Reason(s) overload is necessary (please be specific; attach an advisor's transcript if possible):*** \_\_\_\_\_

**Advisor's Section:** After discussion with the advisee indicated above, I support \_\_\_\_\_ /I do not support \_\_\_\_\_ this credit overload request.

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments or reasons: \_\_\_\_\_

### **Dean's (or designee's) Section:**

- I hereby grant permission for the student named above to register for \_\_\_\_\_ credit hour(s).
- I hereby deny the overload request.

Comments, reasons or conditions: \_\_\_\_\_

Dean's or Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_