



Rhodes College

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.

| Department | Course Number | Section | CRN | Professor | Credits |
|------------|---------------|---------|-----|-----------|---------|
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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 _____