

Academic Overload Request (More than 18 Credits, Excluding SDV)

Student please fill out the top half of this form and submit it to the Dean of Students at your primary campus:

Name: _____ ID Number: _____

Telephone: Home: () _____ Cell: () _____ Email: _____@email.vccs.edu

Major: _____ Term: _____

Grade Point Average: _____ (You must have a 3.00 grade point average or higher on the last 12 credits or most recent semester of full-time enrollment completed at NOVA or another regionally accredited college or university.)*

Courses Requested:

Class Number (24690)	Course Prefix (HIS)	Course Number (101)	Section # and Campus (003N)	Session (16 Wks.)

Total # of credits Requested: _____

*For students with considerable professional experience, successful completion of college-level training may substitute for the credit hour and GPA requirement. Approval for an overload based on professional training may be granted by the Dean of Students in consultation with the appropriate program head/assistant dean:

Approved by Program Head/Assistant Dean: _____
Printed Name
Signature

Dean of Students' Approval:

Approved Disapproved

Printed Name: _____ Signature: _____

Comments:

Dean of Students: please forward the completed form to the Student Services Center for processing.

Office Use Only:

Date scanned: _____ Date linked to student record: _____ Initials: _____