



Request for Approval of Overload

This form needs to be completed if you wish to enroll in more than 12 graduate credits during a semester. If approved, you will be able to register within two business days of when this form is received in the College of Graduate Studies. You will be notified if your request is not approved. **Please return this form to the Graduate Studies Office, 115 Alumni Foundation Center, Mankato, MN 56001 or grad@mnsu.edu**

Star ID: _____ Student Name: _____
 Email Address: _____ Degree: _____
 # of graduate semester hours completed: _____ Graduate GPA: _____
 # credits hours being requested: _____ Term/year requested: _____
 Reasons: _____

hours employed: _____

I am employed this semester as a graduate assistant: No Yes If yes, requires _____ hrs/week

Proposed Schedule of courses (undergraduate and graduate):

Time	Day (M,T,W,TH,F)	Course # (Six digits)	Course Title	Credits

_____ Advisor: Approved Not Approved

Advisor's Signature

OFFICE USE ONLY

This request for overload has been: Approved Not Approved

 Signature

Date