



COURSE OVERLOAD FORM

Student Name: _____ S# _____

Student is requesting a Course Overload of _____ credits for _____ Semester

During advising, we have discussed the following:
(Advisor initial each item)

1. _____ The student's academic history
2. _____ The student's GPA
3. _____ The student has had a similar full-time load and been successful
4. _____ Class session dates
5. _____ The student is a first-or second-semester student
6. _____ The student wants to add an online course
7. _____ Commitment to employment and out-of-school activities
8. _____ Difficulty level of the course(s) for this particular student
9. _____ Overload is due to the student being in an internship for program requirements:
YES or NO

ADVISOR RECOMMENDATIONS:

Please record comments and decision on SPACMNT in Banner.

_____ Student is **APPROVED** for course overload for this semester.

_____ Student is **NOT APPROVED** for course overload for this semester.

Comments:

Signature of Advisor _____ Date _____

I have discussed the items listed above with an FRCC advisor, and I am aware that the demands of an overload will not affect course expectations or drop and withdrawal deadlines.

Signature of Student _____ Date _____

Advisor Next Step: Increase maximum credit hours in SFAREGS, then forward form on to Admissions and Records Office to keep on file.