

West Virginia University Course Overload Petition (Undergraduate)

This form is required for undergraduates who are requesting to register for more than 20 credit hours during the fall/spring and more than 14 credit hours during the summer. This form must be completed by the student with a recommendation by his/her advisor and approval from the Assistant/Associate Dean. For requests to register for more than 21 credit hours during the fall/spring and more than 15 credits during the summer, the request must also be approved by the Associate Provost for Undergraduate Academic Affairs.

Student's Name (print):		ID#:																							
Address:		Phone:																							
Address:		Email:																							
Expected Date of Graduation:		Major:																							
Reason for making request:		Select Appropriate Semester Fall Spring Summer I Summer II																							
		Courses to be taken <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Courses</th> <th style="width: 50%; text-align: center;">Credit Hours</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Courses	Credit Hours																				
Courses	Credit Hours																								
Student's Signature:		Total Credit Hours																							
IMPORTANT: THIS PORTION MUST BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR																									
Advisor's name (print):		Department:																							
Campus Address:		Campus Phone:																							
Advisor's comments:																									
Previous Two Semesters Academic Progress																									
Semester	Hrs Attempted	Hrs Completed	Semester GPA																						
Cumulative to Date																									
Advisor Recommendation: Recommended Not Recommended																									
Advisor's Signature:			Date:																						
Assistant/Associate Dean Decision: Approved Not Recommended																									
Assistant/Associate Dean's Signature:			Date:																						
Associate Provost for Graduate Academic Affairs' Signature:			Date:																						