

Office of the Registrar Request for Course Overload

Revised: 05/2020

CWID:			
	Last Name	First Name	MI
Course:			
CRN/Subject/Course Number/Section		n Date:	
	Graduation	Fall/Spring/Summe	er Year
Etudent Type: Cadet/Day			
This course will increase the tota	I number of registered hou	rs tocredit hours.	
Justification for overload request:			
Student Signature:		Date:	
Advisor Signature:		Date:	
Department Head Signature:		Date:	
Associate Provost Signature:		Date:	
	Course Load Policies		
The maximum course load (credit hours) which v	will be approved for either f	fall or spring semester is 21, exce	pt for
the following provision: Students with a cumulative GPA of at least 3.000) on at least 24 semester ho	ours of work at The Citadel or an	v student
within 24 hours of graduation may attempt 23 or		•	y stadent
a. Advisor approves			
b. Department Head approves			
 If the student has any grade below a 'C' at Affairs to reduce his/her load to 21 or fewer 	•	•	rovost for Academ
NOTES:			
1. Courses exceeding the recommended max		be billed using the current in-st	ate or
out-of-state rate per credit hour based on a 2. Students will not be allowed to enroll in 25		or spring semester	
	Office Use Only		
Recorded to Banner:	<u></u>	Dato	
IIIIIais		Date	