Course Overload Petition

This form is required for graduate students who are requesting to register for more than 16 credit hours during the fall/spring and more than 12 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. All course overload requests must also be approved by the Associate Provost for Graduate Academic Affairs.

Student Name:			WVU ID:	
Address:			Email:	
Phone Number:			Major:	
Expected Date of Grad.: 🔲 May 🗌 Aug 🗌 Dec Year:			Check Appropriate Term	
Reason for making request:			🗌 Fall 🔲 Spring 🗌 Summer	
			Courses to be taken	
			Courses	Credit Hours
Student's Signature: Total Credit Hou				
IMPORT	ANT: This section	must be completed by t	he Academic Advisor	
Advisor's name:			Department: College of B&E	
Campus Address: PO Box 6025 Campus Phone:				
Advisor's comments:				
Previous Two Semesters Academic Progress				
Term	GPA Hours	Earned Hours	Term GPA	Overall GPA
ICIM	GIA Hours			
Converte time				
Cumulative Advisor's Signature:	R	lecommended 🗌 No	t recommended	
-		1W		Date:
Academic Dean's Signature:		Approved	Denied	Date:
Associate Provost for Academic Programs' Signature:				Date:

Revised: January 2015