

East Arkansas Community College

Request for Course Overload Form

Student: _____ Date: _____

Student ID: _____ Academic Year: _____

Term Requesting Overload: _____ Fall _____ Spring _____ Summer I _____ Summer II

DIRECTIONS: Please complete this form and attach a copy of your transcript, completed degree plan, and course schedule and submit all information to the Office of the Vice President for Academic Affairs.

1. Course you are requesting for overload: _____

2. Student's Justification: Write a paragraph indicating: 1) reason(s) for taking a course overload and 2) how you plan to study to be successful in the course. (May use back of form if needed for justification.)

3. Counselor/Advisor's Justification: Write a paragraph indicating: 1) recommendation for taking a course overload 2) student's projected graduation date, and 3) support for student's plan of study.

Student Signature: _____ Date: _____

Counselor/Advisor Signature: _____ Date: _____

Associate Vice President Signature: _____ Date: _____

Vice President for Academic Affairs Signature: _____ Date: _____

_____ Approved by VPAA _____ Not Approved by VPAA

