## **East Arkansas Community College**

## **Request for Course Overload Form**

Student:	Date:	
Student ID:	Academic Year:	
Term Requesting Overload: Fall Spring _	Summer I	Summer II
<b>DIRECTIONS:</b> Please complete this form and <u>attach a copy of your training to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and submit all information to the office of the appropriate the course schedule and sc</u>		egree plan,
1. Course you are requesting for overload:		
2. Student's Justification: Write a paragraph indicating: 1) reason(s how you plan to study to be successful in the course. (May use bac		
3. Counselor/Advisor's Justification: Write a paragraph indicating: overload 2) student's projected graduation date, and 3) support for st		
Student Signature:		
Counselor/Advisor Signature:	Date: _	
Appropriate Dean Signature:		
Appropriate Vice President Signature:	Date:	