University of Oklahoma
Request for Enrollment Overload

Please print clearly

Full Name _____   **Sooner ID#** _____

Major _____   **Classification** _____

Phone #'s _____   **Expected Date of Graduation** _____

E-mail _____   **Contact me by** ____ email   ____ telephone

State Regents policy requires that a student wishing to enroll in an academic overload must obtain permission from his or her dean or dean's designee. In addition, the policy limits a student's enrollment within a given semester/term to a number of semester-credit-hours that is 50% greater than the total number of weeks in the semester/term. The normal and absolute maximum credit hours allowed are as follows:

Term	Weeks	Normal (No Permission)	Normal Max (Permission Req'd)	Absolute Max (Permission Req'd)
Fall or Spring	16	19	20	24
Summer	12	14	15	18
Intersession	3-4	3	4	5-6

A student desiring to carry an academic overload must have demonstrated readiness to perform on the basis of superior academic achievement, including grade point average, enrollment history, remaining degree requirements, and special circumstances.

To request an enrollment overload, fill out this form completely and return it to your college advising office. Your advising office will notify you with a decision.

Semester / Term for which the overload is requested:

Year 20____   *(Please circle one)*   **Fall   Spring   Summer   May Int.   August Int.   December Int.**

List all Courses to be taken at the University of Oklahoma:

Course Abr.	Course #	Sec. #	Hrs.		Course Abr.	Course #	Sec. #	Hrs.

Briefly state the reason for this request

Student Signature _____   **Date** _____

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Action taken on form:

_____ Approved   _____ Denied   **By** _____   **Date:** _____

Comments: _____