

University of the Incarnate Word Office of the Registrar 4301 Broadway, CPO 304 San Antonio, Texas 78209 Phone: (210) 829-6006

Request for Academic Overload

Academic Overload Policy:

| Overload enrollment must be approved if the following applies: <u>Undergraduate</u> per semester enrollment exceeds limit → 18 hours for Fall/Spring; 17 hours for Summer <u>Graduate</u> per semester enrollment exceeds limit → 15 hours (Fall, Spring, Summer) A minimum GPA of 3.0 is required for overload enrollment approval Consultation with the Office of Financial Assistance is highly recommended for student aid recipients | | | |
|---|--|---------------|--------------|
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| | | Student Name: | Student ID: |
| | | UIW E-Mail: | Phone: |
| | | Major: | Overall GPA: |
| Minor: | Overall Earned Hours: | | |
| Request for Semester/Term: Fall Spring | Summer Year: | | |
| Excess Credit Hours Requested: Total Se | | | |
| Expected Graduation Semester/Term: Fall S | | | |
| How many hours per week will you work? | On-campus Off-campus | | |
| | | | |
| Does the student meet the overload policy requirement *If no, the rationale below must include an explanation for | nts, as stated above? Yes No* | | |
| Does the student meet the overload policy requireme | nts, as stated above? Yes No* | | |
| Does the student meet the overload policy requirement <i>*If no, the rationale below must include an explanation for</i> | nts, as stated above? Yes No* | | |
| Does the student meet the overload policy requirement * If no, the rationale below must include an explanation for Rationale for the Request: | nts, as stated above? Yes No* - the exception. | | |
| Does the student meet the overload policy requirement *If no, the rationale below must include an explanation for Rationale for the Request: Advisor Signature: | nts, as stated above? Yes No* • the exception. Date: | | |
| Does the student meet the overload policy requirement * If no, the rationale below must include an explanation for Rationale for the Request: | nts, as stated above? Yes No* • the exception. Date: | | |
| Does the student meet the overload policy requirement *If no, the rationale below must include an explanation for Rationale for the Request: Advisor Signature: | nts, as stated above? Yes No* "the exception. Date: Date: | | |
| Does the student meet the overload policy requirement *If no, the rationale below must include an explanation for Rationale for the Request: Advisor Signature: Student Signature: | nts, as stated above?YesNo* the exception. Date: Date: Studies Dean Approval Also Required ** | | |
| Does the student meet the overload policy requirement *If no, the rationale below must include an explanation for Rationale for the Request: | nts, as stated above?YesNo* the exception. Date: Date: Studies Dean Approval Also Required ** Date: | | |
| Does the student meet the overload policy requirement *If no, the rationale below must include an explanation for Rationale for the Request: | nts, as stated above?YesNo* Date: Date: Studies Dean Approval Also Required **Date: | | |
| Does the student meet the overload policy requirement *If no, the rationale below must include an explanation for Rationale for the Request: Advisor Signature: Student Signature: ** Note to Graduate Students: Research/Graduate Dean, Graduate Studies: | nts, as stated above?YesNo* "the exceptionDate: Date: Studies Dean Approval Also Required **Date: | | |
| Does the student meet the overload policy requirement *If no, the rationale below must include an explanation for Rationale for the Request: | nts, as stated above?YesNo* the exception. Date: Date: Studies Dean Approval Also Required ** Date: Ise Only Date: | | |