

**Pacific Lutheran University
OVERLOAD REQUEST**

Pacific Lutheran University undergraduate students who are considered full-time may enroll in a maximum of 17 hours (for Fall term or Spring term) or 5 hours (for J-term, Summer term I, or Summer term II). **Students requesting an opportunity to overload the maximum number of credits must secure permission to do so.** The review of this Overload Request is intended to evaluate your anticipated success rate based on past academic performance, financial impact, and proposed courses for the overload term.

Instructions – All items are required unless otherwise noted

1. Complete all of the information on this side of the form,
2. Attach a written explanation of **why** you are requesting the overload and **how** you will be successful in taking over 17 credits in Fall or Spring; or over 5 credits in J-term, Summer term I, or Summer term II,
3. Attach an unofficial PLU transcript,
4. Attach any other supporting documents (optional),
5. Meet with **Student Financial Services** (Admin 102) and obtain a staff signature,
6. Meet with your **primary academic advisor** and obtain their signature,
7. Submit all materials to the **Executive Director of the Center for Student Success** for their review.

The Executive Director of the Center for Student Success may consult with your academic advisor, the Department Chair/Associate Dean/Dean of your Major(s), and the Dean of Students before making a decision on your request. You will be notified by email once the decision on the overload request has been made.

Name _____ Student ID # _____

Last First MI

Phone # _____ Anticipated Graduation Date _____

First Major _____ Second Major _____ Third Major _____

Student Signature _____ Date _____

Overload is for which semester?

Fall _____ JTerm _____ Spring _____ Summer Term I _____ Summer Term II _____

What courses do you plan to take? List all courses for the proposed overload term.

	Dept/Course #	Credit Hours	Course Title
<i>Course #1</i>			
<i>Course #2</i>			
<i>Course #3</i>			
<i>Course #4</i>			
<i>Course #5</i>			
<i>Course #6</i>			

Financial Services Specialist:

- I have met with student to discuss the financial impacts if an overload is approved

Print Name _____ Date _____

Signature _____

Academic Advisor:

*If you have more than one major, please meet with the person you consider your **primary** advisor.*

- I support overload request I do not support overload request

Print Name _____ Date _____

Signature _____

Comments:

Executive Director of the Center for Student Success:

- The overload request is approved The overload request is not approved

Print Name _____ Date _____

Signature _____

Notes: