



Course Overload Permit Request

Student Name: _____ EMPLID: _____ FSU Email: _____ @fsu.edu

I request permission to take _____ hours (no fewer than one or more than 21) during the _____ term.
Semester *Year*

*If requesting an overload for the summer term,
please include the number of hours in which you wish
to enroll in each summer session:*

Session A: _____

Session B: _____

Session C: _____

Policies and Requirements:

_____ Students must be in good academic standing to be approved for a course overload.

_____ **Fall and Spring semesters:** maximum load without an overload is 18 semester hours

_____ **Summer semesters:** maximum load without an overload is 9hrs for A or B sessions and 15hrs for any combination of A, B and C.

_____ No student may register for more than twenty-one hours per semester.

By signing this form, I acknowledge the additional workload that may be associated with this request, and I understand that I am governed by University and College drop deadline restrictions after the seventh week of the term (prorated in Summer terms) as published in the University academic calendar.

Student Signature

Date

Academic Dean's Office Approval: _____
Signature

Date