

**CHADRON STATE COLLEGE**

**REQUEST FOR UNDERGRADUATE OVERLOAD**

*This form is to be used only if the student's GPA **does not** meet the minimum listed below.*

*Please contact Student Academic Issues and Concerns for assistance in completing this form.*

*308-432-6402 or studentconcerns@csc.edu*

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Term: \_\_\_\_\_ Class: FR \_\_\_\_\_ SO \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_  
Semester/Year

Are you enrolled: In a correspondence course? YES \_\_\_\_\_ NO \_\_\_\_\_

At another institution? YES \_\_\_\_\_ NO \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_  
Date: mm/dd/yy

Number of credit hours applying for: \_\_\_\_\_

Cumulative hours: \_\_\_\_\_ GPA \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date: mm/dd/yy

\_\_\_\_\_  
Advisor's Signature Date: mm/dd/yy

**Required GPA**

19 Hours — 2.75

20 Hours — 3.00

21 Hours — 3.25

Over 21 Hours — Appropriate Dean's Signature

Overload Course (1): \_\_\_\_\_ Credit Hours \_\_\_\_\_  
Discipline Course # Course Title

Overload Course (2): \_\_\_\_\_ Credit Hours \_\_\_\_\_  
Discipline Course # Course Title

School of Education, Human Performance, Counseling, Psychology, and Social Work  
Dean of Assessment and Accreditation, Miller 218, 308-432-6330

\_\_\_\_\_  
Dean of Assessment and Accreditation's Signature Date: mm/dd/yy

By submitting this form and signing electronically, I recognize that it will be considered as effective and valid as the original.

Revised 10/14/2015