



Course Overload Request Form

This form is used to request permission to register for more than 18 credit hours in a semester. The College of Charleston charges an additional fee per credit hour for more than 16 credit hours in a semester. Additional information on tuition and fees can be found of the [Treasurer's Office](#) website.

Name: _____
Last First Middle Date Student CWID

This overload request is for the _____ Semester of 20_____.
(Fall, Spring, or Summer)

College-Issued Email: _____

I request permission to take a total of _____ hours during the term noted above. I realize that an overload is normally contingent upon exemplary academic status (>3.000 cumulative GPA) at the College of Charleston and that overloads of 23 or more hours are not typically approved unless under extraordinary circumstances.

To be completed by your assigned advisor. Approval signature is required.

I have reviewed the student's commitments and degree audit and have reviewed the Overload Criteria Checklist (see page 2). I fully support this student's overload request.

Advisor's Name (Printed): _____

Advisor's Signature: _____ Date: _____

To be completed by Department Chair of Major, Dean, or Director of Advising (if undeclared). Approval signature is required.

Overload Permission GRANTED on _____, 20_____

Total number of hours approved: _____

Department Chair / Dean / Director's Name (printed): _____

Department Chair / Dean / Director's Signature: _____

Please Note: Completion of this form does NOT register you for the course(s) listed. It is the student's responsibility to register for intended course(s) once the overload is approved. You will receive an email to your college-issued student account after processing.

STUDENT SIGNATURE: _____

RO USE ONLY:

Processed by: _____
(Initials)

Date: _____



Overload Request Criteria Checklist

Name: _____
 Last **First** **Middle** **Date** **Student CWID**

With approval, I intend to enroll in the following course(s):

| Course (Dept & Number) | Credit Hours | Class Meeting Time |
|------------------------|--------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I will be employed _____ hours a week.

My reason for making this request is _____

To be completed by your assigned advisor or chair.

The following criteria should be considered when making a decision to support an Overload Request for a student. Please check or initial on the line.

- _____ The student has completed at least one semester at the College of Charleston.
- _____ The student has a satisfactory cumulative GPA (typically > 3.000).
- _____ The student has attempted and completed 14+ hours in fall and spring semesters.
- _____ The student has successfully earned at least 16 credit hours with at least a 3.000 GPA in one semester.
- _____ The student does not have a significant number of withdrawals on their academic record.
- _____ The student is taking courses in their current schedule that can be completed in a semester with a satisfactory GPA.
- _____ The student has an employment schedule that would not conflict with this course schedule.