

## Credit Hour Overload Request

\*Required to enroll in more than 18 credits

Name: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

UVA ID: \_\_\_\_\_ UVA Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current** course load: \_\_\_\_\_ credit hours. **Requested** course load: \_\_\_\_\_ credit hours.

**In order to assist with determining if you are eligible for an overload, please answer the following:**

- Do you have a cumulative GPA of 3.0 or higher?
- Did you earn a minimum GPA of 3.0 in the previous semester?
- Did you pass at least 15 credits in the previous semester (or study abroad)?
- Have you completed at least one full-time semester of coursework at UVA?

**Reason for request:**

\*please include the course name and number you would like to add

Signature of Student \_\_\_\_\_

Signature of Advisor \_\_\_\_\_

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**Office Use Only**

Signature of Associate Dean \_\_\_\_\_

Approved

Denied