

University of the Incarnate Word Office of the Registrar 4301 Broadway, CPO 304 San Antonio, Texas 78209 Phone: (210) 829-6006

Request for Academic Overload

Academic Overload Policy:

- Overload enrollment must be approved if the following applies:
 - <u>Undergraduate</u> per semester enrollment exceeds limit \rightarrow 18 hours for Fall/Spring; 17 hours for Summer; 1 course for May Term
 - <u>Graduate</u> per semester enrollment exceeds limit \rightarrow 12 hours (fall, spring, summer)
- A minimum GPA of 3.0 is required for overload enrollment approval
- Consultation with the Office of Financial Assistance is highly recommended, if applicable

Student Name:		Student ID:		
Phone:		UIW E-Mail: Overall GPA:		
Major:				
Minor:		Overall Earned Hours:		
Request for Semester/Term: Fall	Spring	Summer	Year:	
Excess Credit Hours Requested:	ested: Total Semester Credit Hours if Approved:			
Expected Graduation Semester/Term:	Fall Sp	oring Summer	Year:	
How many hours per week will you work?		On-campus		Off-campus
Does the student meet the overload policy re	equirements, a	as stated above?	Yes	No
If no, the rationale below must include the reason for the exception.				
Rationale for the Request:				
Advisor Signature:		Date:		
Student Signature:		Date:		
Graduate Students Must Obtain Graduate Studies Dean Approval				
Dean, Graduate Studies:		Date:		
Regis	strar Office U	se Only		
Registrar Staff Signature:		C)ate:	
Verify Overall GPA:	Verify (Overall Earned Hour	rs:	
Comments:	-			