



THREE RIVERS COLLEGE

Student Course Load Override

Student Name: _____ Student ID #: _____

Degree Program: _____

Semester: _____ GPA: _____ Anticipated Graduation Date: _____

Course Number & Section	Course Title	Credit Hours	Registered	Overload Request
Total Credit Hours				

Reason for Overload

Signature of Student _____ Date _____

Signature of Department Chair _____ Date _____

Signature of Dean of Instruction (if required) _____ Date _____

Registrar Office Use Only:
Processed by: _____ Date: _____