

- Classes taken during a 7 ½ week session should be viewed as double the work, given the same material usually covered in 15 weeks is being condensed into half that time.
- These are the minimum criteria for approving an overload petition; however, additional factors may affect your application. Permission to take an overload is a privilege, not a right.

Overload requests will be considered (not guaranteed) based on the following criteria:	Fall C or Spring C	Fall A / B or Spring A / B	Combined Total for <u>Fall /Spring</u> A, B, & C	Summer C	Summer A/B	Combined Total for <u>Summer</u> A, B, & C
Normal number of credit hours allowed	18	9	18	9	7	14
2.50 ASU cumulative GPA <u>and</u> at least one semester of 15 or more hours at ASU with a 2.5 GPA are the criteria for overloads of	19		19			
2.75 ASU cumulative GPA and one semester of 15 or more hours at ASU with a 2.75 GPA are the criteria for overloads of		10				
3.00 ASU cumulative GPA <u>and</u> one semester of 15 or more hours at ASU with a 3.0 GPA are the criteria for overloads of	20	11	20	10	8	16
3.50 ASU cumulative GPA <u>and</u> one semester of 19 or more hours at ASU with a 3.5 GPA are the criteria for overloads of	21	12	21	12	9	18

Name (Last, First, Middle):	ASU ID number (10 digits located on your Suncard):		Date:	
ASU Email:	Major:		Phone:	
Currently Enrolled Hours for Requested Semester:	Additional Hours Requested for Overload:	Semester and Session for Overload:	Employment (Hours/Week)	
Current ASU GPA:		Total ASU Hours Completed		
Concisely explain the reason for your reque	st. Give all pertinent inform	ation.		

## Schedule without overload:

## \*\*Please include all enrolled or completed courses for the overload semester\*\*

Prefix/Number	Title	Session	Credit
(i.e. MUS 354)	(i.e. Topic: Michael Jackson)	(i.e. A, B, or C)	Hours

## Additional Course(s) to be added if approved:

Prefix/Number	Title	Session	Credit
(i.e. MUS 354)	(i.e. Topic: Michael Jackson)	(i.e. A, B, or C)	Hours

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COLLEGE/UNIVERSITY STANDARDS COMMITTEE				
Recommendation of College/University Standards Committee (Required):	Approve	Deny	Defer	
Comments:				
Authorized Signature:		Date:		