



## Office of the Registrar

TENNESSEE STATE UNIVERSITY

### REQUEST FOR STUDENT OVERLOAD

Student Name: \_\_\_\_\_ Term/Year: \_\_\_\_  
(Last) (First) (MI) T, -

Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_

Semester Hours Requested: \_\_\_\_\_ Classification: \_\_\_\_\_ GPA Last Term: \_\_\_\_\_

Overall GPA: \_\_\_\_\_ Number of Hours Earned to Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Additional Required Signatures:

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

College Dean: \_\_\_\_\_ Date: \_\_\_\_\_