THE COLLEGE OF ENGINEERING

THE UNIVERSITY OF TENNESSEE, KNOXVILLE

ADVISING SERVICES
202 ESTABROOK HALL   (865) 974-4008

OVERLOAD REQUEST

PLEASE READ THE FOLLOWING INFORMATION

- **Your past academic performance at UT is the most important factor influencing the outcome of your request; therefore, overloads are not granted to:**
  1. **First semester students (freshman or transfers) or**
  2. **Students on academic review.**
- **You must make any needed adjustments to your course load by the add/drop deadline.**

Name _____ Student ID# _____

Telephone _____ E-Mail _____ Major _____

Semester of overload _____ Year _____

Semester and year you plan to graduate _____ Catalog Year _____

Please thoroughly explain the reason you are requesting an overload _____

_____

_____

Will you be working during the term of overload? _____ How many hours per week? _____

MAXIMUM NUMBER OF HOURS WHICH MAY BE TAKEN WITHOUT SPECIAL PERMISSION			
Fall 19	Spring 19	Miniterm 3	Summer 12

LIST THE COURSES FOR WHICH YOU HAVE ALREADY REGISTERED

Department Name	Course Number	Credit Hours

LIST THE COURSES THAT WILL BRING YOUR TOTAL HOURS ABOVE THE MAXIMUM HOURS FOR EACH TERM

Department Name	Course Number	Credit Hours

Total Hours Requested _____

OFFICE USE ONLY

Decision: Granted ☐   Denied ☐   Pending ☐

Comments _____

_____ Reviewed by _____ Date _____

Is this form complete? _____ Signature _____ Date _____

ENG-5-OR