

**SAINT JOSEPH'S UNIVERSITY**  
**COURSE OVERLOAD**

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_  
Class: \_\_\_\_\_ Major: \_\_\_\_\_

1. I request to take a SIXTH course

\_\_\_\_\_ CRN          \_\_\_\_\_ Course Number          \_\_\_\_\_ Sec.

For the following reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cumulative QPA: \_\_\_\_\_ QPA for past two semesters: (1) \_\_\_\_\_ (2) \_\_\_\_\_

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2. Request has been discussed with the student and  
\_\_\_\_\_ is recommended          \_\_\_\_\_ is Not recommended

Comments: \_\_\_\_\_  
\_\_\_\_\_

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3. Request: \_\_\_\_\_ approved          \_\_\_\_\_ not approved

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Academic Dean Authorization

\_\_\_\_\_  
Date

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4. Day College: \_\_\_\_\_ accepts          \_\_\_\_\_ does not accept charge  
for above course

\_\_\_\_\_ Director