

COURSE OVERLOAD CHECK SHEET

Name: _____ First M.I. Last
S#: S _____ Phone #: _____
Email: _____@student.cccs.edu Your official CCD email account is the only email CCD will accept for correspondence.

During advising session, student and advisor discussed the following:

1. ____ The student's academic history.
2. ____ The student's GPA (3.0) and no F's within the last two semester.
3. ____ Success with similar full-time load of 18 credits or more at accredited institution.
4. ____ Beginning and end date of course(s).
5. ____ The student cannot be a first semester college student.
6. ____ Proven success with online learning if adding an online course.
7. ____ The student is an intern in the field of study.
8. ____ The student's commitment to employment and out-of-school activities.
9. ____ The difficulty level of the course(s) for this particular student.
10. ____ The student has been approved to take _____ credit hours.

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The requirements listed above have been discussed with me and I am aware of the demands of a course overload will not affect course expectations, drop or withdrawal deadlines.

Student Name: _____

Student Signature: _____ Date: _____

Advisor Recommendations (Please also record comments and decision on SPACMNT in Banner).

- _____ The student is recommended for course overload for the _____ semester.
- _____ The student is Not Recommended for course overload for the _____ semester.

Requesting Advisor: _____

Advisor Signature: _____ Date: _____

Internal Use Only

Approved

Not Approved

Director of General Studies Advising / Dean of Students: _____

Signature: _____ Date: _____

Director of Program Advising / Academic Dean: _____

Signature: _____ Date: _____