

## COURSE OVERLOAD APPEAL FORM

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

S#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**For Term:** ☐ Fall 20\_\_\_\_ ☐ Spring 20\_\_\_\_ ☐ Summer 20\_\_\_\_

**To be discussed with student during advising session:**

- ☐ The student's academic history;
- ☐ The student's GPA (3.0) or better and no F's within the last two semester;
- ☐ Success with similar full-time load of 18 credits or more at CCD/other accredited institution;
- ☐ Beginning and end date of courses;
- ☐ Cannot be a first semester college student;
- ☐ Proven success with online learning if adding an online course;
- ☐ The student's commitment to employment and out-of-school activities.

**The requirements listed above have been discussed with me and I am aware of the demands of a course overload. I understand that I will be held to all course expectations, drop, and/or withdrawal deadlines.**

Student Name (please print): \_\_\_\_\_

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

**I have met and addressed the above with the student.**

Academic Advisor (please print): \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Internal Use Only

- ☐ Approved to take \_\_\_\_\_ credit hours.
- ☐ Not approved.

Sr. Advisor Name (please print): \_\_\_\_\_

Sr. Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_