



REID STATE TECHNICAL COLLEGE

Course Overload Request

Student Name (Please print legibly) _____

Student Number (S#) _____

Semester _____ Term _____ Year _____

Current Total Credit Hours _____ Requested Total Credit Hours _____

Current Course Schedule _____

Courses to Be Added to Schedule _____

Reason for Requesting Overload Hours _____

Note to Student: Request forms MUST be submitted to Dr. Boykin, Dean of Instruction and Workforce Development by your advisor, the end of the day on the first day of classes for the semester.

Student's Signature _____ Date _____

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APPROVAL (This section to be completed by Instructional Office):

Current Cumulative GPA _____

If GPA not available, other pertinent information that should be considered _____

Dean of Instruction _____ Date: _____