

The University of Findlay
OVERLOAD APPROVAL

Student's Name: _____ **ID #** _____

I wish to register for a total of _____ hours in the _____ semester.

Reason: _____

Cum GPA: _____ **Last semester GPA:** _____

I understand that 18.0 hours constitutes a full-time load and I contract to take the above hours as an overload.

Student's signature: _____ **Date:** _____

Adviser's Signature: _____ **Date:** _____

*This form needs to be returned to the Office of the Registrar for processing.
1000 N Main St Findlay OH 45840 Fax 419-434-5565*

7/31/2009