



GALEN
UNIVERSITY

Office of the Registrar
▪ Tel: (501) 824 - 3226

Request for Course Overload

Full Legal Name:

Last Name

First Name

Middle

Student ID No.:

Telephone No.:

Current GPA:

Course(s) Requested:

Semester/ Year:

Reason for Overload Request:

All Signatures must be obtained before the Student is registered.

Student Signature

Date

Approved

Not Approved

Advisor Signature

Date

Approved

Not Approved

Provost Signature

Date

FOR OFFICIAL USE ONLY

Registrar's Office

Processed By:

Date:
