

Elmer R. Smith College of Business and Technology

Undergraduate Student Application for Overload

Name: _____	
ID#: _____	Request Date: _____
Academic Year/Semester: _____	Expected Graduation Date: _____
Cumulative Credit Hours: _____	
MSU Cumulative Grade Point Average: _____ (minimum 3.25 required)	
Previous Semester Grade Point Average (fall or spring): _____	
Previous Semester Credit Hours Completed (fall or spring): _____	
Course Requested (prefix, number, section): _____	
<small>Must be a course offered by the Smith College of Business and Technology (ie: either Sch. of Engineering & Computer Science or Sch. of Business Administration course.)</small>	
Reason for Requesting Overload: _____	

Student Acknowledgement:

Undergraduate students desiring to register for an overload must be aware of the following:

1. An overload is defined as enrollment in 19 to 21 credit hours for fall or spring semesters or 7 credit hours for winter or summer sessions.
2. A Morehead State University cumulative GPA of at least 3.25 is required for approval.
3. Approvals from the SCBA or SECS Associate Dean and SCBT Dean are required.
4. Additional tuition is charged for an overload of credit hours.
5. **Some scholarships do not cover tuition for dropped courses.** If you are registered for an overload and drop a class, you may owe a drop fee and may owe for the class you are dropping. This amount can be up to or in excess of \$3000 depending on your tuition rates.
6. This request should be submitted to the Associate Dean prior to the beginning of the requested course.

All questions regarding fees and tuition must be directed to Accounting and Financial Services (207 Howell-McDowell, 606-783-2019). Please also refer to MSU's University Administrative Regulation, UAR 101 ("Student Loads").

I acknowledge that I have been informed of the requirements and notifications above. I understand that it is my responsibility to consult with Accounting and Financial Services regarding fees and tuition.

Student Signature/Date: _____
(Type name to confirm request.)

Advisor's recommendation:

Is a plan in place for courses needed for each term leading to graduation? Yes No

Academic Advisor Signature: _____

Approvals:

Associate Dean Signature/Date _____

Dean Signature/Date _____