PERMISSION TO OVERLOAD

STUDENT INFORMATION:
Student Name: __________________________  Date: __________________________
Major: ________________________________  G Number: _______________________
Mason E-Mail: __________________________ @masonlive.gmu.edu  Daytime Phone: ________________

To be eligible for a course overload, an undergraduate student must meet all of the following criteria:
- Have at least a 3.0 cumulative Mason GPA.
- Have completed all courses successfully in his/her previous semester with no F’s or Incompletes. All approved requests will be subject to review after previous semester final grades are posted.
- Complete this form and obtain a School of Business Academic Advisor’s signature.
- Requests for more than 21 credit hours will also require the Assistant Dean/Director of Academic Services approval.

Students in their first semester at Mason are not eligible for overloads.

FALL OR SPRING  The above named student requests permission from this office to take a total of ________ hours for the:
☐ Fall 20 ________  ☐ Spring 20 ________  semester.

SUMMER  The above named student requests permission from this office to take a total of ________ hours for the:
☐ Summer 20 ________  semester ( ________ hours in Session A: ________ hours in Session B: ________ hours in Session C) 

In receiving this permission, the student acknowledges he/she has been informed that:
- The student is proceeding at their own risk.
- The student is responsible for any additional tuition and fees.
- An overload is not justification for a late/retroactive withdrawal.
- The student will not be given special permission to reschedule final examinations.

____________________________________________________  _______
Student Signature  Date

ACADEMIC ADVISOR’S DECISION:  ☐ Approved  ☐ Denied
Comments: ____________________________________________________________

____________________________________________________  _______
Academic Advisor Signature  Date

ASSISTANT DEAN’S/DIRECTOR’S DECISION:  ☐ Approved  ☐ Denied
Comments: ____________________________________________________________

____________________________________________________  _______
Assistant Dean/Director of Academic Services Signature  Date

Follow-Up: Sent to Registrar’s Office Via:  Campus Mail ________ Fax ________ Student Hand Carried ________  Date ________

Form Revised. 11/15