



PETITION FOR ADDITIONAL CLASSLOAD

COMPLETE AND RETURN THIS FORM TO THE STUDENT RECORD'S OFFICE BY THE END OF THE SECOND DAY OF CLASSES DURING THE SEMESTER FOR WHICH THE OVERLOAD IS REQUESTED. PETITIONS CAN TAKE UP TO 5 WORKING DAYS TO PROCESS.

The Student Record's Office will complete the lower portion and route the form to the Department Chair for approval or disapproval. The Department Chair will return the completed form to the Student Record's Office. The Student Record's Office will notify the student via e-mail of the action taken.

Refer to the Student Credit Load Policy located on the web at: bismarckstate.edu/hr/stupol/StudentCreditLoad.pdf

NAME _____ Empl ID # ___ W _____
ADDRESS _____ CITY _____ ZIP _____
E-MAIL ADDRESS _____ PHONE # _____
STUDENT PROGRAM _____ FRESHMAN _____ SOPHOMORE _____ SPECIAL _____
SEMESTER FOR WHICH YOU ARE APPLYING FOR OVERLOAD: (Circle) FALL 20 _____ SPRING 20 _____ SUMMER 20 _____
WILL YOU BE WORKING DURING THE SEMESTER IN QUESTIONS? YES _____ NO _____
IF YES, WHERE _____ HOURS PER WEEK _____

List your entire class schedule including all additional classes you are requesting:

Table with 4 columns: COURSE NAME, COURSE #, CLASS #, CREDIT HRS. Example row: INTRO TO PSYCHOLOGY (EXAMPLE), 111, 3042, 3.

OVERLOAD CLASS

To guarantee enrollment, students should submit a course override form, obtained from the course instructor.

1. _____

TOTAL CREDIT HRS _____

REASON FOR PETITION:

Applicant's Signature

Date



BSC CUM. GPA _____ BSC PAST SEM. GPA _____ HS CUM. GPA _____ RANK _____ ACT COMPOSITE _____

ADVISOR _____ OL COURSE IN CC: _____ EMAIL SENT _____

DEPARTMENT CHAIR _____ [] APPROVED [] DENIED DATE _____