MURRAY STATE UNIVERSITY
GRADUATE COURSE OVERLOAD FORM

GRADUATE STUDENT MUST HAVE A CUMULATIVE GPA OF AT LEAST 3.0 / NO EXCEPTIONS
NO OVERLOAD WILL BE APPROVED FOR GRADUATE ASSISTANTS

STUDENT INSTRUCTIONS:

1. Complete Section I;
2. Obtain departmental, collegiate/school, and other appropriate signatures if applicable (Sections II and III), and
3. Return signed form to the Registration Office, Basement, Sparks Hall, for verification.

I. THIS SECTION TO BE COMPLETED BY STUDENT

Date: ______________________________________

Full Name: ____________________________________ M# ____________________

Mailing Address: ____________________________________________

Local Phone #: __________________________ Email: ________________________________

Please check one:  ____Fall Semester  ____Winter Term  ____Spring Semester  ____Summer

Current Course Load (without overload) _____hours  Title of Course to be added*: ______________________________

Credit Hours of Added Course______________ CRN #: ____________

GPA of Applicant:  Overall: ________ Previous Semester: _____  Verified/Registrar’s Initials ________

*Note: If course is closed, appropriate signature from instructor is required for override, in addition to approved overload form.

II. REQUIRED SIGNATURES:

__________________________________________________________

Faculty Advisor                                      Collegiate/School Graduate Coordinator

__________________________________________________________

Dean

III. EXCEPTIONAL CIRCUMSTANCES ONLY IF THE GRADUATE STUDENT IS SEEKING APPROVAL
FOR MORE THAN 16 HOURS (this maximum includes any undergraduate coursework).

Under no circumstances may a graduate student enroll in more than 16 semester hours without a letter of
justification from the collegiate/school dean and approval by the associate provost for graduate education
and research (333 Wells Hall). Justification from the Dean must accompany the form. No exceptions will be
made for any student who does not have a cumulative 3.0 GPA.

__________________________________________________________

Associate Provost for Graduate Education and Research  Date

IV. REGISTRAR VERIFICATION:

__________________________________________________________

Registrar  Date