



Request for Academic Overload

8432 Magnolia Ave, Riverside, CA 92506 (T) 951.343.4567 (E) advising@calbaptist.edu

PROGRAM: <input type="checkbox"/> TRADITIONAL <input type="checkbox"/> GRADUATE <input type="checkbox"/> DOCTORATE	MAJOR: _____	EXPECTED GRADUATION: FALL 20 ____ SPRING 20 ____ SUMMER 20 ____	SEMESTER AND YEAR OF ACADEMIC OVERLOAD: FALL 20 ____ SPRING 20 ____ SUMMER 20 ____
--	------------------------	---	--

NAME: _____ **ID:** _____

CBU E-MAIL: _____ **@CALBAPTIST.EDU** **PHONE:** _____

Are you a Student Athlete? Yes No IF YES, MUST FIRST BE APPROVED BY THE SENIOR WOMEN ADMINISTRATOR _____ SWA

- I understand that a 3.0 cumulative and semester GPA is required for permission to take an academic overload (more than 18 units).
 _____ (student's initials)
- I understand that the University advises against taking more than 18 units in a single semester, and I do so at my own risk.
 _____ (student's initials)
- I understand that permission for academic overload is granted on a semester-by-semester basis and that a desire to graduate early is, in itself, not sufficient reason to receive approval for academic overload.
 _____ (student's initials)
- I understand that I must be a sophomore, junior, or senior in good academic standing in order for my request for overload to be considered.
 _____ (student's initials)
- I understand that I will not be eligible to receive a refund of tuition or a withdrawal once the refund and withdrawal dates have passed.
 _____ (student's initials)
- I understand that additional tuition is charged for each unit over 18, and agree to pay these charges on time.
 _____ (student's initials)

Schedule if Academic Overload is Approved

Course #	Course Title	Units
Existing Total Units		
Course(s) to be Added if Approved		
	New Total Units if Academic Overload is Approved	

Reason for requesting academic overload:

STUDENT SIGNATURE _____
DATE

Office Use:

Sem GPA: _____	<input type="checkbox"/> No Incomplete coursework
Cum GPA: _____	<input type="checkbox"/> Student is at least a sophomore

Approved
 Denied
 Processed

 Academic Advisor Signature _____
 Date
 _____ (initials)

Comments: _____