



**REQUEST FOR OVERLOAD APPROVAL  
St. Pete Campus**

(>18 semester hours for Fall &/or Spring, and >14 semester hours for Summer)

Procedure:

- I. Give a reason for your request below, along with your signature, university ID#, printed name, phone number, and today's date.
- II. A. If your USF and/or overall GPA is 3.0 or higher, this is all that is necessary.  
B. If your USF and/or overall GPA is NOT 3.0 or higher, you will need feedback from an academic advisor before your request will be considered.
- III. Turn in the completed form to the following location: DAV 138C.
- IV. You should allow at least 24 hours for processing. You can check OASIS to see if the overload hours have been put in the system. If your request is denied, you will receive notification in via email.

*Return this form via fax (974-4699), scan in and email ([jpwalker@usf.edu](mailto:jpwalker@usf.edu)) or you can physically bring it in to our office in Davis Hall.*

Name: \_\_\_\_\_ Student ID: U \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Major: \_\_\_\_\_ Semester: \_\_\_\_\_

Total number of semester hours requested: \_\_\_\_\_ I am asking for an overload for \_\_\_\_\_ for the following reason: \_\_\_\_\_ (semester/year)

My proposed list of classes for the semester in which I am requesting the overload is as follows:

***I understand that it may not be in my best interest to take an overload, and I accept full responsibility for my actions.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisors Comments (Mandatory for students with grade point average <3.0):

**Office Use Only**

GPA: \_\_\_\_\_ Approval Signature: \_\_\_\_\_ Hours Approved: \_\_\_\_\_ Date: \_\_\_\_\_