

Petition for Excessive Hours (Academic Overload)



Office of the Registrar
900 N. Portland Ave • Oklahoma City, OK 73107
405.945.3291 • 405.945.3277 (Fax)
okc.records@okstate.edu • www.osuokc.edu

Complete form and return to the Office of the Registrar. Form may be returned in person, by fax or email (see above for contact information). The decision will be communicated to the student via the student's official OKSTATE email address. Emailed forms come from OKSTATE email address. If faxed or emailed from a third party email, a copy of government issued ID must be included.

Student Information:

Student Name: last _____ first _____ middle _____
 email address _____ phone number _____ CWID (student ID #) _____

Overload Request

All semester credit hours above 18 during a regular term (9 for an 8-week term) shall be considered excessive and require approval prior to enrollment from the academic department and the registrar. Per OSRHE policy, no student will be allowed to exceed 24 credit hours during a regular term (12 for an 8-week term).

Semester: Fall Spring Summer Year: _____

List the courses for which you request to enroll:

Course Prefix, Number & Section Ex: ENGL 1113	Credit Hours	Course Title	Course Term
			<input type="checkbox"/> 16-week <input type="checkbox"/> 1 st 8 wk <input type="checkbox"/> 2 nd 8 wk <input type="checkbox"/> intersession <input type="checkbox"/> other _____
			<input type="checkbox"/> 16-week <input type="checkbox"/> 1 st 8 wk <input type="checkbox"/> 2 nd 8 wk <input type="checkbox"/> intersession <input type="checkbox"/> other _____
			<input type="checkbox"/> 16-week <input type="checkbox"/> 1 st 8 wk <input type="checkbox"/> 2 nd 8 wk <input type="checkbox"/> intersession <input type="checkbox"/> other _____
			<input type="checkbox"/> 16-week <input type="checkbox"/> 1 st 8 wk <input type="checkbox"/> 2 nd 8 wk <input type="checkbox"/> intersession <input type="checkbox"/> other _____
			<input type="checkbox"/> 16-week <input type="checkbox"/> 1 st 8 wk <input type="checkbox"/> 2 nd 8 wk <input type="checkbox"/> intersession <input type="checkbox"/> other _____
			<input type="checkbox"/> 16-week <input type="checkbox"/> 1 st 8 wk <input type="checkbox"/> 2 nd 8 wk <input type="checkbox"/> intersession <input type="checkbox"/> other _____
			<input type="checkbox"/> 16-week <input type="checkbox"/> 1 st 8 wk <input type="checkbox"/> 2 nd 8 wk <input type="checkbox"/> intersession <input type="checkbox"/> other _____
			<input type="checkbox"/> 16-week <input type="checkbox"/> 1 st 8 wk <input type="checkbox"/> 2 nd 8 wk <input type="checkbox"/> intersession <input type="checkbox"/> other _____
			<input type="checkbox"/> 16-week <input type="checkbox"/> 1 st 8 wk <input type="checkbox"/> 2 nd 8 wk <input type="checkbox"/> intersession <input type="checkbox"/> other _____
			<input type="checkbox"/> 16-week <input type="checkbox"/> 1 st 8 wk <input type="checkbox"/> 2 nd 8 wk <input type="checkbox"/> intersession <input type="checkbox"/> other _____
			<input type="checkbox"/> 16-week <input type="checkbox"/> 1 st 8 wk <input type="checkbox"/> 2 nd 8 wk <input type="checkbox"/> intersession <input type="checkbox"/> other _____

List the reason for the excessive hours request: _____

I understand that if approved, I will be notified that I am eligible to enroll in the course via my OKSTATE email address and will be responsible for registering myself for the course.

I wish to make the above enrollment:

Student Signature _____ Date _____
Electronic signature only accepted when being sent from OKSTATE email or if received with copy of valid government issued ID

For Office Use Only
 Approved? _____ Registrar's office signature: _____ Date: _____