

**TEXAS A&M UNIVERSITY-TEXARKANA
SPECIAL PERMISSION FOR ENROLLMENT OVERLOAD**

Name: _____ CWID: _____ Date: _____

Term: (please check) ___ Fall ___ Spring ___ Summer I ___ Summer II Year: _____

Phone Number (Where you can be reached during the day): _____

Please list all courses you will be enrolling in for the above term(s). If your request is for the summer term(s), please list **ALL** courses you will enroll in during **BOTH** summer terms. Include course numbers, days and times.

Justification: (Please be as specific as possible. Be sure to include when you plan to graduate.)

Student's Signature

Student must have a 3.5 cumulative GPA to appeal for an overload.

To be verified by the Registrar's Office:

GPA: _____ Hrs. Completed: _____

Major: _____ VERIFIED BY: _____

Approved/Disapproved: _____ Date: _____
(please circle) College Dean or VPAA

State law requires that you be informed of the following: 1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); 2) you are entitled to receive and review that information; and 3) you are entitled to have the information corrected at no charge to you.