



Request to Register for Courses Over Maximum Hours Per Semester

Date: _____

NAME: _____

STUDENT ID NO.: _____

EMAIL ADDRESS: _____

PROGRAM/MAJOR: _____

SEMESTER/YEAR overload requested _____

List all courses (Graduate & Undergraduate) requesting to be enrolled in for the semester. Include courses scheduled in sub-terms within same semester.

<u>SUBJECT</u>	<u>COURSE NO.</u>	<u>SECTION</u>	<u>CRN</u>	<u>START DATE/END DATE</u>	<u>COURSE HOURS</u>

Student Signature

Advisor Print Name

Advisor Signature

Texas A&M University-Commerce
Attn: Graduate School
PO Box 3011
Commerce, TX 75429
TELEPHONE NO.: (903)886-5163
EMAIL: graduate.school@tamuc.edu

OFFICE USE:	
Graduate Semester Hours Completed	_____
Degree/Major	_____
Current Graduate GPA	_____
Approved	_____
Not Approved	_____

Dean of Graduate School Date