

University of the Incarnate Word

Request for Academic Over-Load

Over-Load Policy:

Over-Load Enrollment Must Be Approved if Above Stated Limits.
Undergraduate Enrollment Limit: 18 hours per semester for fall/spring semesters; 14 hours for summer
Graduate Enrollment Limit: 12 hours per semester (fall, spring, or summer)
A minimum GPA of 3.00 is required for enrollment.

Name: _____ Student ID: _____

Local Phone: _____ UIW E-Mail: _____

Student Major: _____ Minor: _____

Enrollment Period Requested (Select One Term and Indicate Year):

Fall Terms		Spring Terms		Summer Terms	
<input type="checkbox"/>	Fall Extended	<input type="checkbox"/>	Spring Extended	<input type="checkbox"/>	Summer Extended
<input type="checkbox"/>	Fall Mini I	<input type="checkbox"/>	Spring Mini I	<input type="checkbox"/>	Summer I
<input type="checkbox"/>	Fall Mini II	<input type="checkbox"/>	Spring Mini II	<input type="checkbox"/>	Summer II
<input type="checkbox"/>	ADCaP Fall Mini I	<input type="checkbox"/>	ADCaP Spring Mini I	<input type="checkbox"/>	ADCaP Summer I
<input type="checkbox"/>	ADCaP Fall Mini II	<input type="checkbox"/>	ADCaP Spring Mini II	<input type="checkbox"/>	ADCaP Summer II
<input type="checkbox"/>	Online Fall Mini I	<input type="checkbox"/>	Online Spring Mini I	<input type="checkbox"/>	Online Summer
<input type="checkbox"/>	Online Fall Mini II	<input type="checkbox"/>	Online Spring Mini II	<input type="checkbox"/>	Pastoral Summer Institute

Credit hours requested: _____ Total enrollment hours if request is approved: _____

How many hours per week will you work? _____ on-campus _____ off-campus

When do you plan to graduate (semester/year)? _____

Rationale for your request: _____

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Graduate student requests for exceptions to the enrollment limit must be approved by the Dean of Research and Graduate Studies

Graduate Dean's Signature: _____ Date: _____

Registrar's Office Use Only

Student's GPA: _____ Hours: _____ Action: Approved Denied

Registrar's Signature: _____ Date: _____

Comments: _____
