Missouri State | COLLEGE of NATURAL AND APPLIED SCIENCES

REQUEST FOR EXCESS HOURS

_____Semester, 20____

Full Name w/Middle Initial:_____M-Number: _____

Major:_____

Credit Hours Earned Prior to this Semester:_____

Overload Hours Being Proposed:_____

Previous Semester GPA: Cumulative GPA:_____

Proposed Course Load

Course	Number	Title	Semester Hours

Please comment as to why you believe this overload is necessary:_____
_____
_____
_____
_____
_____
_____

Advisor's Recommendations:_____
_____
_____
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_____
_____
_____

Advisor's Signature:_____Date:_____