

**TEMPLE UNIVERSITY
FOX SCHOOL OF BUSINESS AND MANAGEMENT
AMBLER CAMPUS**

OVERLOAD PETITION

(For more than 18 credits fall/spring or more than 8 credits in one summer session)

Name _____ Date _____

Address _____

Social Sec.# _____ Telephone _____
(Day)

Semester requesting overload _____

Please list all courses you wish to take the semester of the overload request. For summer requests, list all courses for each summer session you plan to attend.

Course Reference#	Department Name	Course #	Section #	Credits

TOTAL _____

A cumulation GPA of 3.0 is normally required for approval. State the reasons for your request and why you feel you will be successful. (use other side if necessary.)

I understand the risks involved in pursuing an overload. I am aware of the deadlines for withdrawal with and without a refund.

Student Signature

DO NOT WRITE BELOW THIS LINE

Overload Approved/Denied

