

William Penn University
Overload Approval Form

Student Name _____ ID # _____

Phone _____ Term/Year _____ Total Requested Hrs _____

Cum GPA _____ Course(s) to be added _____

Overload Reason (if applicable) _____

Student's Signature _____

Advisor's Signature _____

Approved _____ Denied _____

Dean's Signature _____ Date _____