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** _____