



Concurrent Course Overload Request

Name: _____

High School: _____

Semester: _____

I understand that I am agreeing to an overload schedule, not to exceed 21-22 hours per semester. I acknowledge that the extra work involved in taking an overload may have adverse effects on my overall standing.

Student's Signature

Date

EOSC Registrar's Signature

Date

EOSC Vice President of Academic Affairs Signature

Date