

The University of Findlay  
OVERLOAD APPROVAL FORM  
Session: \_\_\_\_\_

NAME: \_\_\_\_\_ ID# \_\_\_\_\_  
Last First Initial

Cumulative GPA: \_\_\_\_\_ Last Semester GPA: \_\_\_\_\_

I wish to register for a total of \_\_\_\_\_ hours for the following reason: \_\_\_\_\_

**I understand that 18.0 hours constitutes a full-time load and I wish to take the additional hours as an overload. I further understand that there may be an additional financial obligation due to this overload.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Adviser's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Registrar's Office Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form needs to be returned to the Office of the Registrar for processing.  
1000 N Main St Findlay OH 45840 Fax (419)434-5565**