PETITION FOR COURSE OVERLOAD

Name _____

Rhodes ID Number: R _____ Year of Graduation _____

[**First year students are ineligible to take course overloads**.]

Permission is requested to take a course overload of more than nineteen (19) credits during the _____

semester, academic year _____ . My Current GPA: _____ Current Total Credits Earned: _____

The reasons for this petition are: (Attach additional sheet if necessary)

List below your **complete** schedule without the overload, including a