

# ACADEMIC OVERLOAD REQUEST FORM

**Please fill this form out fully and complete the following:**

1. Academic Overload Request must be submitted each semester for which an Overload is being requested
2. Attach an unofficial transcript (available via myACC)
3. Attach a recent DegreeWorks program audit (accessible via myACC)
4. Personal Statement: answer the questions on the back of this form, or attach a separate page
5. Contact the Advising Office (303.797.5664) to schedule an Academic Overload Request appointment
6. Final decision regarding Overload request will be made by the Academic Advisor
7. Students taking the regular load in the following programs are not required to complete this Request form:  
Automotive, HealthOne – EMT, Law Enforcement Academy, Pharmacy Tech.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Email \_\_\_\_\_@student.ccs.edu Phone \_\_\_\_\_

Declared Major / Program: \_\_\_\_\_ Graduation Semester / Year: \_\_\_\_\_

**Meet with an Academic Advisor to develop your requested Academic Overload class schedule:**

SEMESTER: [ ] Summer [ ] Fall [ ] Spring		YEAR: _____		
Course Number:	Course Title:	Section:	Day(s) & Time:	Instructor:

I have met with an Academic Advisor and developed the above academic plan, which consists of a schedule in excess of the maximum 18 credit hours per semester. By signing this form, I understand the following:

- I may only submit a request for Academic Overload for one semester during each Academic Year
- I will abide by all course drop and withdrawal dates
- I may not use an approved Overload Request as justification for any late drop or late withdrawal request

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACADEMIC ADVISOR:**

I have met with this student to develop this requested schedule for Academic Overload and I support the course schedule listed above.

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only:** Academic Overload Request: [ ] Approved [ ] Denied Date: \_\_\_\_\_

Advising Staff (or Designee): \_\_\_\_\_

Student Notified Date: \_\_\_\_\_ If approved, Overload posted in Banner for \_\_\_\_\_ term.

**PERSONAL STATEMENT**

**Answer each question below thoroughly and completely, or attach a separate document answering each question.**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Have you met with an Academic Advisor in the past prior to registering?  Yes  No

Have you taken the Accuplacer Placement Test?  Yes  No

Have you activated your student email account?  Yes  No

What is your cumulative grade point average (gpa)? \_\_\_\_\_

How many semesters have you attended ACC? \_\_\_\_\_

How many credits do you have remaining to program completion? \_\_\_\_\_

A. Define your educational and career goals:

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B. Why are you interested in completing an Academic Overload?

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C. Describe your work and family responsibilities:

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D. If your request is approved, what actions do you intend to take to make the overload semester successful?

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