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 Director of Advising
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.cccs.edu Phone __________________________
Declared Major / Program: ________________________________ Graduation Semester / Year: ______________

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

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<th>SEMESTER:</th>
<th>Summer</th>
<th>Fall</th>
<th>Spring</th>
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<td>Course Number:</td>
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</table>

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: __________________

Forward completed form, with decision and all attachments, to Records Manager (Room M2470)

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:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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

C. Describe your work and family responsibilities:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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