



SOUTHERN VIRGINIA UNIVERSITY

Office of the Registrar

One University Hill Drive • Buena Vista, VA • 24416 • Phone: (540) 261-4343 • Fax: (540) 261.4245

CREDIT OVERLOAD REQUEST

Name: _____

Student ID #: _____

Phone: _____

E-mail: _____

Date: _____

Semester: _____

Major: _____

Year in School:
(Sr., Jr., So., Only) _____

Current GPA: _____

*GPA must be at least a 3.0 for an overload request.

No. of Hours Requested:
(Limited to 21) _____

Reason for Overload: _____

Proposed Courses: _____

Student Signature

Date

Approval of Advisor: _____	Date: _____	_____	Received Date
Approval of Division Chair: _____	Date: _____	_____	Input Date
		_____	Initials