MURRAY STATE UNIVERSITY
COURSE OVERLOAD FORM
GRADUATE STUDENT

IF AN EXCEPTION IS TO BE MADE IN ANY INDIVIDUAL INSTANCE, A GRADUATE **STUDENT MUST HAVE A CUMULATIVE GPA OF NO LESS THAN 3.00**. No exceptions to the GPA requirement will be granted. SEE THE CURRENT GRADUATE BULLETIN FOR DETAILED INFORMATION.

SUBJECT: Graduate Student Course Load Waiver DATE: _____

TO: Kristi Jackson, Registration Coordinator
Kathy Garrison, Graduate Admissions & Records

FROM: _____ _____
Collegiate Graduate Coordinator (signature required) **Faculty Advisor (signature required; if applicable)**

_____
Collegiate Dean (signature required)

I. THIS SECTION TO BE COMPLETED BY STUDENT

Full Name: _____ myGate ID#_____

Address: _____

Phone #: _____ email:_____

Please check one: _____Fall Semester ____Spring Semester ____Summer Semester

Current Course Load (without overload) _____ hours **Title of Course to be added: _____**

Credit Hours of Added Course_____ Entry #: _____

*Note: **If course is closed**, appropriate form with signature from instructor is required for override, in addition to approved overload form.

II. THIS SECTION TO BE COMPLETED BY DEAN OF COLLEGE

1. Check one: ____Graduate Assistant (GA or GTA)
(maximum course load is 12 hours; however,
maximum adjusted workload + course load ≤ 15 hours)**

____Graduate/Not Graduate Assistant
(maximum course load is 12 hours.
Maximum overload is 3 additional credit hours)**

2. Fill in the Blank
For GTA: Graduate assistant teaching load is _____ course hours
For GA: Graduate assistant non-teaching load is _____ adjusted work hours
New Load Total (course work with overload + work hours) = _____

Graduate assistant course loads must be confirmed by Provost Office. Date confirmed _____ by _____

****If Dean is requesting approval for an overload in excess of the maximum course load (15 hours), a justification must be attached for Provost's review.**

GPA of Applicant: (Please verify GPA in Graduate Admissions Office) Overall: _____ Previous Semester: _____ Verified/Registrar's Initials ____

III. EXCEPTIONAL CIRCUMSTANCES ONLY

This section to be completed by the Provost and Vice President for Academic Affairs **only if** the graduate student is seeking approval for more than the maximum graduate course load (in excess of 15 hours).

_____ _____
University Graduate Coordinator or Provost Date

Student Instructions:
1. **Complete Section I**;
2. Obtain departmental, college signatures, and other appropriate signatures if applicable (section II and III.), and
3. Return signed form to the Registration Office, 1st floor, Sparks Hall
4. Registrar's Office will verify accuracy of above information before processing.

_____ _____
Registrar's Office Approval Date