

## College of Public Programs Overload/College Standards Petition

Blind Petition

Name (Last, First)		ASU Student ID	Date	Local Phone
Local Mailing Address		City, State, Zip	E-mail Address	
Major	Total Hours Completed	Current GPA	Catalog Enrolled Under	

**GPA Requirements for overload in Fall or Spring semester: 19 hours = 2.00 or higher, 20-21 hours = 3.00 or higher**

**Summer Session: (Overloads are rarely approved)**

**Course Overload Request: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Total hours requested: \_\_\_\_\_**

**Over 7 Hours in a 5 wk summer session \_\_\_\_\_ Over 14 hours for the entire summer \_\_\_\_\_**

Please explain clearly why you feel you should be permitted to carry more than the maximum number of hours. (Please attach additional sheet if necessary.)

**Amend College Requirements:**

**Communication \_\_\_\_\_ Computer \_\_\_\_\_ Writing Competence \_\_\_\_\_ Waive Requirement for Professional Program \_\_\_\_\_ Other \_\_\_\_\_**

Specific Request and Justification:

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

DO NOT WRITE BELOW THIS LINE

Last semester Hours \_\_\_\_\_ Last Semester GPA \_\_\_\_\_ Total Hours Completed \_\_\_\_\_ Current GPA \_\_\_\_\_  
 Notation on MACS \_\_\_\_\_ Student Notified of Decision \_\_\_\_\_  
 Recommendation of Advisor: \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval \_\_\_\_\_ Forward without Recommendation  
 Comments:

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

Recommendation of School/Department : \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval  
 Comments:

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Date

Standards Committee/Dean's Designee/ Dean's Recommendation: \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval  
 Comments:

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Date