Policy on
Course Unit Overloads

Definition. The Registrar, in certain specific cases, may grant permission to selected upper-class students to enroll in an overload of up to <u>one course unit</u> of academic work in the fall or spring semester for no additional tuition charge. <u>No overloads will be granted for the May Term.</u>

Criteria. The Registrar will evaluate applications for permission to take an overload on an individual basis. The primary general concern in judging applications is the academic welfare of the student involved. Specific criteria may involve the following:

- Demonstrated academic ability. The faculty have established a GPA of 3.25 as a minimum requirement in this regard. Applications from <u>seniors</u> whose cumulative GPA is below this standard may be considered, but only where there is a clear and compelling need which warrants an exception.

- A clear statement of the reasons for desiring to take the overload.

- The availability of other alternatives for achieving the individual's goals.

- The total planned course schedule for the term in which the overload is desired.

- The student's career plans and the extent to which the overload may be relevant to them.

- Other relevant information provided by the student.

Procedures.

- Complete the attached *Academic Overload Application* form.

- Consult with your academic advisor; your advisor's signature is required.

- Submit the completed form to the Office of the Registrar before attempting to enroll in an overload. You will not be able to enroll in an overload until the Registrar has received this form and granted approval.

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ILLINOIS WESLEYAN
UNIVERSITY

Office of the Registrar

Academic Overload Application

Name: _____ ID: _____

E-mail: _____ Phone: _____

I request to overload in the ☐ FALL ☐ SPRING of _____ (year).

What is your intended course schedule for the term?

	CRN	Department	Course #	Sec. #	Title	# of Units
Overload Course						
You must also list						
ALL other courses						
you intend take						
for the term.						

Total Units (including overloading unit(s)): _____

Reasons for desiring an overload:

_____
_____
_____
_____
_____
_____
_____

Your Signature: _____ Date: _____

Advisor's Name: _____ Department: _____

Advisor's Signature: _____ Date: _____

(Advisor's Signature indicates approval)

Date Received: _____

GPA: _____

Total course units earned at the end of the previous term: _____

Class standing at the end of the current term: ☐ FR ☐ SO ☐ JR ☐ SR

Additional information needed or obtained in conference:

_____

_____

_____

_____

_____

Registrar decision: Grant _____

Deny _____

Hold for Grades _____

Registrar's Signature _____

Date _____

Notification of Decision:

_____ Student   _____ Advisor   _____ Registrar
              Date   Date   Date