

Undergraduate Overload Fee Waiver Request



Date: _____

Student Name: _____

Student ID: _____

Explanation to be written by advisor or student. Please provide detailed information. Add an additional page if necessary. (Special consideration may be given to students with extenuating circumstances who are in their final semester.)

Total Credits: _____ Fee waiver requested for _____ credits.

Include the following documents with your request:

- Unofficial transcript
- Current or upcoming course schedule.

Approved by:

Advisor (Print and Sign Name)

Date

Department Chair (Print and Sign Name)

Date

Dean of College (Print and Sign Name)

Date

(Forward to Judy Wauer, Provost Office, Mail stop 1001)

Approved (Forward to Payment & Disbursement)

Denied (Return to requestor)

Sharon McGuire, Associate Vice President
for Undergraduate Studies or designee

Date