


CENTRAL ALABAMA
COMMUNITY COLLEGE

REQUEST FOR OVERLOAD

for _____ Term, _____ Year

Name _____ A# _____

GPA at CACC _____ High School GPA _____ Credit Hours completed at CACC _____

Request for approval of _____ semester hours. (A student may take no more than twenty-four (24) credit hours.)

List below all courses scheduled this term:

CRN	SUBJECT & COURSE #	COURSE TITLE	CREDIT HOURS
TOTAL HOURS			

Do you work? _____ If so, how many hours a week? _____

If you are a scholarship student, please check type of scholarship below:

- Academic Leadership Performing Arts
 Technical Athletic Other _____

Academic Advisor

Approved by Dean of Instruction

Date of Request

Date of Approval