THE MOMENT OF DISCOVERY
FOUNDED 1855
EUREKA COLLEGE

REQUEST FOR ACADEMIC OVERLOAD

NAME: _____
LAST FIRST MIDDLE

SONIS ID: _____

CURRENT GPA: _____ MAJOR 1: _____

MAJOR 2: _____ MINOR: _____

COURSE ID: _____ COURSE TITLE: _____

ACADEMIC YEAR: _____ SEMESTER: FALL ☐ SPRING ☐ SUMMER ☐

RATIONALE:

REQUIRED SIGNATURES:

Student: _____ Date: _____

Advisor: _____ Date: _____

Division Chair (Major 1): _____ Date: _____

Division Chair (Major 2): _____ Date: _____

Provost: _____ Date: _____

Records Office: _____ Date: _____

Return completed form to the Records Office.