



OAKWOOD UNIVERSITY
Class Schedule Overload Request Form
[18+ Hours]

Name _____ SSN# or ID# _____
(Please Print)

OU E-mail _____@oakwood.edu

Classification: Freshman Sophomore Junior Senior Cumulative GPA _____

Major(s) _____ Department (s) _____

I request authorization to enroll for _____ hours for Fall 20____ Spring 20_____.

I dropped at least one (1) class last semester. Yes No

I have an outstanding Incomplete from last semester. Yes No

Student Signature _____ Date _____

Approved Disapproved

Advisor's Signature _____ Date _____

Dept. Chair's Signature _____ Date _____