



## **Student Overload Request Form**

Complete this form in conjunction with the advisor meeting/phone conference to request a course overload. A course overload is more than 20 hours during the fall and spring semesters or more than 12 hours during the summer semester.

This request must be approved by your academic advisor and submitted to your college's Registration and Records Office located in the Student Services **prior to registration**.

Frontier Community College <u>fccregistration@iecc.edu</u>	Lincoln Trail College <u>ltcregistration@iecc.edu</u>	Olney Central College occregistration@iecc.edu	Wabash Valley College <u>wvcregistration@iecc.edu</u>
Student Information			
ID Number:	lumber: Name:		
ECC email:@iecc.edu Cell Phone:			
Reason(s) for overload:			
Total Credit Hours Student will be contacted by request is denied.		Spring Summ ds if there are additional qu	
	*** To be Completed b	y Academic Advisor ****	*****
	Core Academic Hours		
Number of	Physical Education Hour	S	
Number of I	nternship Hours		
Number of F	Remedial Course Hours (	if ≥ 1, overload is not allo	wed)
Number of e	xtra-curricular activities (	i.e. Student Senate, livesto	ck judging, music, etc.)
Cumulative	grade point average		
Special Exc	eption		
Approved Denied	Academic A	dvisor Signature	Date
**********	Γο be Completed by Re	cords and Registration *	****
Processed in Banner by:	Records and Regist	ration Staff Signature	Date
Denials ONLY – Student co	ntacted on	By	