

**Overload Petition for Undergraduate Students**

Undergraduates requesting to enroll in more than the normally allowed number of hours in a term or session as outlined below must complete this form and submit it to their Dean's office for review. The Dean's office will either approve or deny the request, or forward it with a recommendation to the [Academic Standards Committee](#) if the hours requested are beyond what the Dean's office is allowed to approve based on the policy outlined below. Students will be notified of the decision by email.

- Undergraduate students who wish to enroll in more than 18 hours in a regular term must be approved by their academic dean's office.
- Undergraduate students who wish to enroll in more than 21 hours in a regular term must get a recommendation from their academic dean's office and be approved by the [Academic Standards Committee](#).
- Undergraduate students who wish to take more than 7 hours in one five-week summer session or more than 14 hours total in the summer term must get a recommendation from their academic dean's office and be approved by the [Academic Standards Committee](#).
- Undergraduate students who enroll in an intersession term will only be able to enroll in a maximum of one lecture or lab course, with the exception of co-requisite courses, for a maximum of 4 hours.
- The number of hours in which an undergraduate student is allowed to register includes taken through Global Campus, School of Continuing Education and Academic Outreach.

College: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Number of Hours Requested: \_\_\_\_\_ Overload Term: \_\_\_\_\_ Student Level: \_\_\_\_\_

**PROPOSED CLASS SCHEDULE** (For Example: 8497 MATH 3083 002 8W1)

UACConnect Class #	Subject (e.g., ENGL)	Catalog # (e.g., 1013)	Section # (e.g., 001)	Online Course	Course Session (e.g., 5W1)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please indicate why you feel you will be able to successfully complete this academic course load:

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit this form to your current or last Dean's office for review:

College	Email	Building/Room Number
Dale Bumpers College of Agricultural, Food and Life Sciences	aflsdean@uark.edu	AGRI 205
Fay Jones School of Architecture and Design	stuck@uark.edu	WALK 120
Fulbright College of Arts and Sciences	arscert@uark.edu	CORD 136
Sam M. Walton College of Business	JHood@walton.uark.edu	WCOB 328
College of Education and Health Professions	coehpoaa@uark.edu	GRAD 350
College of Engineering	coedean@uark.edu	BELL 3189

----- To be completed by Dean's office -----

Comments and recommendation:

Dean's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Committee Action:      Approved      Denied

Chair's Signature: \_\_\_\_\_

Date: \_\_\_\_\_