

**Mt. Hood Community College
Overload Request Form**

**Academic Advising & Transfer Center
(503) 491-7315/E-mail: advisque@mhcc.edu**



This form must be completed by the student and approved by their academic advisor before registering for more than 20 credit hours in any quarter. When you have completed this form, please attach your trial schedule.

Name: _____ Major/Goal _____

Address _____

Student ID#/SS# _____ Total credit hours attempted _____ completed _____

Phone # _____ GPA last quarter _____ Cumulative GPA _____

Credits requested this quarter _____ Expected Quarter of Graduation / Transfer _____

Credits requested last quarter _____ Credits earned last quarter _____

Please state your reasons for requesting a registration overload. Please be specific.

I am aware of the important dates that relate to dropping a class, and grade status change.

STUDENT SIGNATURE: _____ DATE: _____

ACADEMIC ADVISING & TRANSFER CENTER USE ONLY

___ OVERLOAD APPROVED

___ OVERLOAD DENIED

Comments _____

Advisor (Please Print)

Advisor Signature

Date