NORTH PARK UNIVERSITY

Petition For Overload (Please Print)

Please attach a copy of your add form to your petition

Name:		ID#:		Email:	
Semester:	Year:_	Hours	Requested:	GPA:	
hours of cred		A cumulative GP.	A of 2.5 is the m	vices in order to carr ninimum required. If mittee.	•
Reason for C	Overload Request_				
Date		S	ignature of Stud	ent	
		For Of	ffice Use Only		
Approved	Denied	Date	Student	Administrative Servic	ces Signature