



**University of Michigan School of Public Health**

Office of Academic Affairs: Registrar's Office

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**REQUEST FOR COURSE OVERLOAD**

**This form is required for all Public Health students seeking to carry more than 18 credit hours for a full term or more than 7 credit hours for a half term. The final decision will be based on the advisor's recommendation along with the students overall academic performance.**

**\*NOTE: Credit hours of visit (VI) are included as part of the course load. A new form must be completed for each term a course overload is requested/required.**

Student Name: \_\_\_\_\_ Department Name: \_\_\_\_\_

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

Student Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_

Term: \_\_\_\_\_

Credit Hours Elected: \_\_\_\_\_ of which \_\_\_\_\_ are VISIT hours

Current Cumulative GPA: \_\_\_\_\_ Verified by: \_\_\_\_\_

Reason for overload request:

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Faculty Advisor Signature / Name Printed Date

\_\_\_\_\_  
Approved by the Office of Academic Affairs, SPH Date