

EAST TENNESSEE STATE UNIVERSITY
Graduate School

Application for Graduate Course Overload

TO: Dean, ETSU Graduate School

FROM: Committee Chair or Graduate Coordinator

Date _____

I recommend approval for:

Student Name (Type or print) _____ E# _____

to enroll for _____ hours of credit for the _____ semester of year _____

The student is:

A Graduate Assistant ☐ not a Graduate Assistant ☐

Department (if Graduate Assistant) _____

Justification

Chair, Advisory Committee or Graduate Coordinator (please type or print) _____

Signature _____

Date _____

Dean, ETSU Graduate School: _____

Signature _____

Date _____

Approved ☐ Denied ☐

cc: The Registrar