

**EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

Application for Graduate Course Overload

TO: Dean, School of Graduate Studies

FROM: Committee Chair or Graduate Coordinator

DATE: _____

I recommend approval for _____
Student's Name (please type or print) E#

to enroll for _____ hours of credit for the _____ semester of 20_____.

The student is: _____ a Graduate Assistant in _____
Department
_____ not a Graduate Assistant.

Justification: _____

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

Dean, School of Graduate Studies Signature Date

_____ Approved _____ Denied

cc: Ms. Sheryl Burnette,
Registrar