

**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 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, School of Graduate Studies: _____

Signature _____ Date _____

Approved Denied

**cc: Ms. Sheryl Burnette,
Registrar**