I. PROCEDURES

Fall/Spring/Summer Semesters

The maximum course load is nineteen (19) semester credit hours, unless permission for an overload is approved. The Dean of your major or designee must approve registration for an overload. Students with a cumulative ETSU GPA of 3.0 may be approved for a course load over 19 semester credit hours.

A. Student and/or advisor initiates process by obtaining request form from the Registration Office (Burgin Dossett, 102) or by obtaining the form online at www.etsu.edu/reg/forms.php
B. Advisor completes/recommends request to the dean of major or designee for review.
C. Dean/designee verifies the student has a cumulative ETSU GPA of 3.0 and may request a conference with the student to discuss this request.
D. Dean or designee approves or disapproves the request, notifies student, and (if approving) completes the form which is valid for seven working days after the date of the dean’s approval. Dean delivers completed request to Registrar’s Office for approval.

I. STUDENT COMPLET ES THIS SECTION

Student’s Printed Name: ___________________________  ______________________  ___________________________  ______________________  ______________________
          Last                      First                      Date

Student E Number:  __________  Phone Number:  ______________  ETSU Email:  ______________  @etsu.edu

Major:  ______________  Number Overload Hours Requested:  __________  Term:  Fall  __  Spring  __  Summer  __

Reason for Requesting Overload:

                                                                                           ___________________________  ______________________
                                                                                           ___________________________  ______________________

Signed:  ___________________________  ______________________

          Student’s Signature  Date

II. ADVISOR RECOMMENDATION

Advisor’s Printed Name:  ___________________________

Last                      First

Recommendation:   Yes   __  No   __  Comments:  ___________________________

Signature:  ___________________________  ______________________

          Advisor’s Signature  Date

III. DEAN OR DESIGNEE SIGNATURE APPROVAL

Approval:  Yes   __  No   __  Comments:  ___________________________

Signature:  ___________________________  ______________________

          Dean or Designee Printed Name and Signature  Date
<table>
<thead>
<tr>
<th>Category</th>
<th>Contact Information</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undeclared (or Academic Focus Area) Students</td>
<td>University Advisement Center 212 Carrier Center (D.P. Culp)</td>
<td>423-439-5244</td>
</tr>
<tr>
<td>College of Arts and Sciences</td>
<td>Dr. Martha Michieka or Designee 222T Carrier Center (D.P. Culp)</td>
<td>423-439-5248</td>
</tr>
<tr>
<td>College of Business and Technology</td>
<td>Dr. Anthony Pittarese 213 Sam Wilson Hall</td>
<td>423-439-6984</td>
</tr>
<tr>
<td>Clemmer College</td>
<td>Jessica Wang 319 Warf-Pickel Hall</td>
<td>423-439-7616</td>
</tr>
<tr>
<td>College of Clinical &amp; Rehabilitative Health Sciences</td>
<td>Ali Williams 226M Carrier Center (D.P. Culp)</td>
<td>423-439-7469</td>
</tr>
<tr>
<td>College of Nursing</td>
<td>Dr. Whitney Tisdale 230 Roy S. Nicks Hall</td>
<td>423-439-4523</td>
</tr>
<tr>
<td>College of Public Health</td>
<td>Ms. Taylor Dula 914 West Maple St.</td>
<td>423-439-4243</td>
</tr>
<tr>
<td>Division of Cross-Disciplinary Studies</td>
<td>Dr. Jill Leroy-Frazier 317 Nell Dossett Hall</td>
<td>423-439-4223</td>
</tr>
</tbody>
</table>