



COLLEGE OF  
**EDUCATION**

DEVELOPING EFFECTIVE, ETHICAL EDUCATORS WITH A PASSION FOR LEARNING.

**Graduate Studies**  
TCU Box 297900  
Fort Worth, TX 76129  
(817) 257-7661

## Academic Overload

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Program: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

Term in which student is requesting overload:

<u>Term</u>	<u>Year</u>
Summer	_____
Fall	_____
Spring	_____

Number of hours student is seeking permission to enroll in: \_\_\_\_\_

---

Kay Stevens, Ed.D.  
Associate Dean of Graduate Studies

\_\_\_\_ Permission Granted

\_\_\_\_ Permission Denied