

**Mt. Hood Community College  
Overload Request Form**

**Academic Advising & Transfer Center  
(503) 491-7315/E-mail: [advisque@mhcc.edu](mailto:advisque@mhcc.edu)**



This form must be completed by the student and approved by their academic advisor before registering for more than 20 credit hours in any quarter. When you have completed this form, please attach your trial schedule.

Name: \_\_\_\_\_ Major/Goal \_\_\_\_\_  
Address \_\_\_\_\_  
Student ID#/SS# \_\_\_\_\_ Total credit hours attempted \_\_\_\_\_ completed \_\_\_\_\_  
Phone # \_\_\_\_\_ GPA last quarter \_\_\_\_\_ Cumulative GPA \_\_\_\_\_  
Credits requested this quarter \_\_\_\_\_ Expected Quarter of Graduation / Transfer \_\_\_\_\_  
Credits requested last quarter \_\_\_\_\_ Credits earned last quarter \_\_\_\_\_

Please state your reasons for requesting a registration overload. Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am aware of the important dates that relate to dropping a class, and grade status change.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ACADEMIC ADVISING & TRANSFER CENTER USE ONLY**

\_\_\_ OVERLOAD APPROVED

\_\_\_ OVERLOAD DENIED

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Advisor (Please Print)                      Date

\_\_\_\_\_  
Advisor Signature                                      Date