

South Dakota School of Mines & Technology
Approval of Course Overload

Student Name _____

Student ID# _____

Semester _____

Total credit hours registered for ~ _____

Number of Additional Credit Hours Requested ~ _____

Cumulative GPA ~ _____ Previous semester GPA ~ _____

Total hours completed ~ _____

Approval of course overload ~ _____

Student Advisor Date

Registrar of Your **HOME** Institution

Submit this form to the Registrar's Office for approval.