

UNIVERSITY OF ILLINOIS
COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES
104 Mumford Hall, MC-710
1301 West Gregory Drive
Urbana, IL 61801
(217) 333-3380

- FALL/SPRING REQUEST FOR ENROLLMENT IN MORE THAN 18 HOURS**
- SUMMER REQUEST FOR ENROLLMENT IN MORE THAN NINE HOURS**

PROCEDURAL GUIDELINES

This form needs to be completed in full and submitted for review to the ACES Academic Programs office (104 Mumford Hall). It is **YOUR** responsibility to submit with this form any documentation that supports the request and to obtain your advisor's input.

I have reviewed the following and have completed the steps required in the College of ACES for this request to be considered.
I have initialed each to indicate that I have reviewed the steps.

- _____ I am in "good" (i.e., I am not currently on probation) academic standing at the University of Illinois.
- _____ I have met with my departmental academic advisor to discuss my request and have obtained his/her support, see reverse side (must state the total number of overload hours being requested).
- _____ If I am submitting this request **before** the last day to add a course, I am responsible for the registration of any additional course(s)/hour(s).
- _____ If I am submitting this request **after** the last day to add a course, I must also submit a completed *Late Course Change* form (also available in 104 Mumford Hall). **Please note:** Undergraduate student deadlines are listed in the *UIUC Class Schedule*.

Name _____ UIN _____

E-Mail _____ Date _____

Number of extra hours requested _____
(above full-time status is more than 18 hours for fall/spring terms and more than nine hours for summer term)

Effective Term FA _____ SP _____ SU _____ (Please state semester and year)

Total overload/number of hours requested for the semester _____

Overload class(es) requested (please list all)

(over)
TO BE COMPLETED BY ACADEMIC ADVISOR
(PLEASE TYPE OR PRINT LEGIBLY)

DO YOU:

- _____ **SUPPORT THE REQUEST**
- _____ **NOT SUPPORT THE REQUEST**
- _____ **HAVE NO OPINION**

ADDITIONAL COMMENTS:

ACADEMIC ADVISOR'S NAME

DATE

ACADEMIC ADVISOR'S SIGNATURE

PHONE NUMBER

E-MAIL ADDRESS

TO BE COMPLETED BY ACES ACADEMIC PROGRAMS

FINAL ACTION

APPROVED

DENIED

DEAN AND/OR ADMISSIONS AND RECORDS OFFICER SIGNATURE

DATE

TO RECORDS

STUDENT NOTIFIED _____ **Date**

ACTION TAKEN _____
(if necessary)