

Lafayette Community College  
**STUDENT OVERLOAD REQUEST**  
 (over 21 credit hours)

Student Name: \_\_\_\_\_  
 Student ID#: \_\_\_\_\_  
 Student Email Address: \_\_\_\_\_  
 Student Phone #: \_\_\_\_\_  
 Current Cumulative G.P.A: \_\_\_\_\_  
 Adviser Name: \_\_\_\_\_

List courses student is requesting to take:

Course Code	Course Title	Credit Hours
<b>TOTAL CREDIT HOURS</b>		

List other activities student is involved with and approximate amount of time each activity takes per week. Include athletic involvement, clubs and organizations, work, and any other activities:

Activity	Weekly Time Commitment

\_\_\_\_\_  
 Vice President of Academic Affairs Approval

\_\_\_\_\_  
 Date