

Submit to the Coordinator of Graduate Program
School of Education, IUS, 4201 Grant Line Rd.
New Albany IN 47150-6505

**IUS School of Education Graduate Program
Request for Waiver of Overload Policy**

Date: _____

Name: _____ Univ ID # _____

Address: _____

Telephone/s: _____ Preferred time to call: _____

Email: _____

Graduate Program: Elementary _____ Secondary _____

Graduate Licensing Program (if applicable) _____

I request permission to take a total of (check one): 9 credit hours 12 credit hours during the period of enrollment noted below. I fully understand that all courses require commitment to academic excellence, thus demand additional hours of work and effort on my part as a graduate student. I will accept the responsibility for the quality of my coursework.

Enrollment period (check one):

Fall 20____ Spring 20____ Summer I 20____ Summer II 20____

My current grade point average is _____. I expect to graduate in the semester of _____.

Reason for Request (e.g. not currently working full time):

List down course/s you plan to take:

Course Number	Course Description	Credit Hours

To be completed by the Graduate Coordinator (or designee)

Approved Not Approved Signature: _____ Date: _____

IUS Bulletin on **Regulations Governing Completion of M.S. Degree**, item i – “The recommended load for graduate students is no more than 6 credit hours during a fall or spring semester or either summer session.”