

## MHSRET Request for Summer Overload Form

Date \_\_\_\_\_

Student Name \_\_\_\_\_

SS#: \_\_\_\_\_

Field \_\_\_\_\_

# Hrs/Wk: \_\_\_\_\_

Period Start \_\_\_\_\_

Period End: \_\_\_\_\_

Overload assignment and justification:

*I understand that if for any reason my ability to fulfill my academic responsibilities is adversely impacted, I will have to withdraw from some classes for which I will then receive a grade of W. If I drop below full-time status, I will lose my GA and associated tuition waiver.*

\_\_\_\_\_  
(Student's signature)\_\_\_\_\_  
(Date)

I understand that this student will be undertaking extra work that may limit his or her ability to fulfill his or her academic responsibilities at certain times this semester and I agree to adjust the workload as not to limit the student's ability to successfully fulfill his or her academic responsibilities.

I approve \_\_\_\_\_  
(GA Supervisor's Signature)\_\_\_\_\_  
(Date)
 Approved       Disapproved
\_\_\_\_\_  
A. Michael Wylie, Ph.D.  
Principal Investigator\_\_\_\_\_  
(Date)