

REQUEST TO WAIVE AN OVERLOAD FEE

Name: _____ Simpson ID number: _____

E-mail address: _____ Phone/cell number: _____

Date of graduation from Simpson: _____

Major(s) _____ Minor(s) _____

I have pursued the following in an effort to eliminate the need for a fifth course in a semester (check all that apply):
___ I have discussed alternatives for the requirements of my major with my advisor and the Department Chair ___ DC/Advisor Initial
___ I have investigated the possibility of requesting a course substitution for a Cornerstone requirement ___ Gen. Ed/Advisor Initial

After pursuing all options to avoid taking 5 courses in one semester, I am requesting that the overload fee for a fifth 4-credit course be waived for _____ (semester).

Required Attachments:

- 1) Degree Audit
2) Rationale
3) Projected course schedule for each term until graduation

Student's signature: _____ Date: _____

Advisor's name (printed): _____

Advisor's signature: _____ Date: _____

Upon completion, return this form to the Registrar's Office. Final approval will be made by the Petition Subcommittee of the Educational Policy and Curriculum Committee.

For Administrative use only:

Petition Subcommittee ___ Approved ___ Not Approved

EPCC representative name (printed and signature): _____

All approved waivers need to be routed to the Business Office.