Instructions for Completion of the
Petition to the College Standards Committee

1. Please word-process, type the form, or print legibly.
2. Complete the following:
   - Name, ASU ID #, Date, Local address and phone number, including zip code.
   - Major: Journalism & Mass Communication.
   - College: Walter Cronkite School of Journalism & Mass Communication.
   - E-Mail Address
   - Total hours completed as of date submitted. This information is in the first page of your DARS printout.
   - Catalog Year: The ASU catalog year is probably the year you began taking courses at ASU. If you are uncertain, just indicate the current catalog year (205-2006).
   - GPA for all ASU courses is found on the first page of your DARS printout.

3. Request for a Course Overload – Please state clearly but briefly your reason for requesting a course overload.
   - Fall or Spring semester
   - OR
   - Summer Session Please note: These petitions are rarely approved.

4. Student Signature and Date Please be sure to sign and date your petition.
5. Return the completed petition to your academic advisor.

You will be notified by e-mail or phone of the committee’s decision. Please note that incomplete or illegible petitions will be returned without review.
Walter Cronkite School of Journalism & Mass Communication
Overload/College Standards Petition

Request for Course Overload

Semester:  □ Fall  □ Spring  Total hours requested: __________
GPA Requirements for overload in Fall or Spring semester: 19 hours = 2.00 or higher, 20-21 hours = 3.00 or higher

Summer Session: (Overloads are rarely approved)
□ Over 7 Hours in a 5 wk summer session  □ Over 14 hours for the entire summer

Please explain clearly why you feel you should be permitted to carry more than the maximum number of hours. (Please attach additional sheet if necessary.)

____________________________________________     ______________________________________
Student Signature        Date

DO NOT WRITE BELOW THIS LINE

Last semester Hours_________ Last Semester GPA__________

Recommendation of Advisor:  □ Approval  □ Disapproval  □ Forward without Recommendation
Comments:

____________________________________________     ______________________________
Advisor Signature       Date

Standards Committee/Dean's Designee/ Dean's Recommendation:  □ Approval  □ Disapproval
Comments:

____________________________________________     ______________________________
Authorized Signature       Date

Instructions on back