



Sultan Qaboos University

Course Overload Request for expect to graduate student

College of _____

Student's Name: _____

ID & Cohort: _____

Major: _____

CGPA: _____

Number of Credits Completed: _____ Number of Credits Remaining to Graduate: _____

Expected Graduation Date: Fall 20 ____ Spring 20 ____ Summer 20 ____

Kindly, make (in the table below) your study plan until graduation:

Fall _____			Spring _____		Summer _____	
No.	Course Code	Cr.	Course Code	Cr.	Course Code	Cr.
1						
2						
3						
4					Total	
5						
6						
7						
Total			Total			

Student's Signature: _____

Date: _____

Advisor's Name/Signature: _____

Date: _____

HoD's Name/Signature: _____

Date: _____

For Assistant Dean for Undergraduate Studies office use only:

Signature of Assistant Dean for Undergraduate Studies: _____

Date: _____

College's Stamp

- Add and Drop form should be attached