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**