

**COLLEGE of EDUCATION
GRADUATE STUDENT
UNDERLOAD PERMISSION REQUEST**

Student's Name: _____ EMPLID: _____

Student's Department: _____ Date Request Submitted: _____

Program (check one): PhD Master's Specialist

Academic Plan/Major: _____

Major Professor: _____

Justification for request (**please be specific**):

Has the student received underload permission in a prior semester? Yes No

The above named student has permission to enroll in _____ graduate credit hours
in the Term _____ Year _____

If not approved, reason for denial: _____

Dean's Office approval Date