



# MILLIKIN UNIVERSITY®

## Request for Overload Tuition Waiver

Registrar's Office  
1184 West Main Street  
Decatur, Illinois 62522

217.424.6217  
217.420.6789  
www.millikin.edu

**This form is not needed for the following student situations:**

- Honors Students (Honors, JMS, LV) in good standing will not begin overload tuition until the 22nd credit.
- Intercollegiate Athletes with registration in sports credit will not begin overload tuition until the 20th credit.
- BFA & BM students overload charges will not begin overload tuition until the 21st credit.

**PLEASE ATTACH YOUR UNOFFICIAL TRANSCRIPT AND YOUR DEGREE EVALUATION TO THIS FORM**

Student Name(Printed): \_\_\_\_\_ ID# \_\_\_\_\_ Submission Date: \_\_\_\_\_

College: \_\_\_\_\_ College of Arts and Sciences \_\_\_\_\_ College of Fine Arts  
\_\_\_\_\_ College of Professional Studies \_\_\_\_\_ Tabor School of Business

Student Grade Level: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Semester and Year of Tuition Waiver Request: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Number of hours of overload waiver requested: \_\_\_\_\_

Number and Name of Course making this request necessary: \_\_\_\_\_

**(If the course can be taken during an alternate semester, request will not be approved.)**

Have you been granted an overload waiver in the past? If so, how many times? \_\_\_\_\_

Number of courses in which a grade less than a C- has been earned while at Millikin? \_\_\_\_\_

Number of courses which reflect the assignment of "W" while at Millikin? \_\_\_\_\_

Current Millikin Cumulative Grade Point Average (GPA)? \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rationale:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **APPROVE** **DENY**

**Rationale:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Director/Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **APPROVE** **DENY**

**Rationale:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dean Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **APPROVE** **DENY** **#CREDITS**

**Rationale:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provost Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **APPROVE** **DENY** **#CREDITS**

Original must be submitted to the Registrar's Office