

Request Permission for Course Overload



Name: _____ Date: _____

Year of Study: _____ I.D. #: _____

Total Number of Credits Requested: _____ Fall Term Winter Term

Grounds: _____

Student's Signature: _____ Date: _____

Note to students: You are ultimately responsible for your course choices and the completeness and accuracy of your registration. It is recommended that you consult the appropriate Calendar, which is the official statement of all academic policy. Your Faculty Advisor is also available to give advice concerning program changes.

Faculty Dean's Signature _____ Date: _____

***Please return signed form to Registration and Student Finance**

Registration and Student Finance: _____ Date: _____