APPLICATION FOR COURSE OVERLOAD

A student who wishes to take a course overload of more than 19 hours must have written permission from the Vice President of Academic Programs or from the Registrar. You will be billed for all hours over 18. You are responsible for the tuition and the course fee (if applicable).

FULL NAME______________________________________________

ID NUMBER_____________________________________________

CURRENT TELEPHONE NUMBER________________________________

Area code phone number

MEREDITH E-MAIL ADDRESS________________________________________

Total number of hours for the semester of the overload________

Semester and year of overload________

Course you wish to add IF the overload is approved: __________________________

Department Number Section

Reason for overload:

Student’s Signature __________________________ Date __________________

Return this form to the Office of the Registrar, room 123, Johnson Hall

For office use only: attach a copy of the student’s current class schedule for the term listed above and student’s unofficial transcript.

Overload approved __________________________ Date __________________

Overload denied __________________________ Date __________________

Revised 08/2007