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________________________________________

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 120, 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