

SCHEDULE OVERLOAD AUTHORIZATION

Virginia State University
Office of the Registrar • P. O. Box 9217 • Petersburg, Virginia 23806

Name _____
Last First Student ID Number

This student is authorized herewith to carry the COURSE OVERLOAD for _____ semester,
20 ____ incurred by the processing of the attached Schedule Adjustment Form of _____
semester hours for this reason: _____

Dept. Chairperson _____ Date _____
Dean _____ Date _____

08/2005

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