SCHEDULE OVERLOAD AUTHORIZATION

NAME:__________________________________________________________________________  
Last First Middle Initial

V#: __________________________________________

This student is authorized to carry the COURSE OVERLOAD for the __________________ semester, 20_________ incurred by the processing of the indicated course below:

<table>
<thead>
<tr>
<th>CRN</th>
<th>COURSE CODE</th>
<th>COURSE TITLE</th>
<th>CR. HRS</th>
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Total Hours Requested: _____________
Reason for Overload: ______________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

By signing you certify that you will be financially responsible for the costs PER credit hour.

Student Signature: ________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

ADVISOR’S PRINT NAME  SIGNATURE  DATE
________________________________________________________________________________

DEPARTMENT CHAIRPERSON PRINT NAME  SIGNATURE  DATE
________________________________________________________________________________

DEAN PRINT NAME  SIGNATURE  DATE

Revised 9/2014