



OFFICE OF THE REGISTRAR
P.O. Box 9217
Gandy Hall
Virginia State University, Virginia 23806
804-524-5275

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:

CRN	COURSE CODE	COURSE TITLE	CR. HRS

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