### COURSE OVERLOAD FORM

**Student ID#** ___________________________  **Date** ___________________________

**Name** ________________________________________________________________

Has been granted the following schedule change(s):

**DROP**

<table>
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<tr>
<th>Course Number</th>
<th>Section</th>
<th>Credit</th>
<th>Time</th>
<th>Day</th>
<th>Place</th>
<th>Instructor</th>
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**Reason(s):** ____________________________________________________________

**ADD**

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<tr>
<th>Course Number</th>
<th>Section</th>
<th>Credit</th>
<th>Time</th>
<th>Day</th>
<th>Place</th>
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**Total number of hours enrolled after drop/add has been completed** ____________

Does this change of schedule enroll the student in 20 or more hours?  ___yes  ___no

If YES, complete the Permission to Take Course Overload portion of this form and secure the required signatures.

**PERMISSION TO TAKE COURSE OVERLOAD**

Classification: ________  Major: ________________________________

Grade Point Average: ___Number of hours requested: _____hours during the ________ semester.

Reason for requested overload: __________________________________________________

**Student Signature:** ______________________________________________________  **Date** ____________

Approval of drop/add and/or course overload

Approved by Advisor ______________________________________________________  **Date** ____________

Approval of Course Overload

________________________________________________________  **Date** ____________

Approved by Division Chair of MAJOR area

Approved Vice President of Academic Affairs  **Date**

**NOTE:** A copy of the student’s current schedule must be attached to this form when requesting approval for course overload.

Change of schedule cannot be completed in the Registrar’s office without the completion of this form with appropriate signatures.