

JARVIS CHRISTIAN COLLEGE
Hawkins, Texas

COURSE OVERLOAD FORM

Student ID# _____ Date _____

Name _____

Has been granted the following schedule change(s):

DROP

| Course Number | Section | Credit | Time | Day | Place | Instructor |
|---------------|---------|--------|------|-----|-------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Reason(s): _____

ADD

| Course Number | Section | Credit | Time | Day | Place | Instructor |
|---------------|---------|--------|------|-----|-------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

Approved by Division Chair of MAJOR area Date _____

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.