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
<u>If YES</u>, 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.