APPLICATION FOR COURSE OVERLOAD

A student who wishes to take a course overload of more than 1 hours must have written permission from the Registrar.

You will be billed for all hours over 18. You are responsible for the tuition and the course fee (if applicable).

FULL NAME_____

ID NUMBER_____

CURRENT TELEPHONE NUMBER_____
Area code phone number

MEREDITH E-MAIL ADDRESS_____

Total number of hours for the semester of the overload_____

Semester and year of overload_____

Course you wish to add IF the overload is approved: _____
Department Number Section

Reason for overload:

6 W X G H Q W ¶ V 6 L J Q D W X U H B B B