

Permission to Enroll for an Overload Schedule

Today's Date: _____

_____ May Enroll

(Name of Student)

For _____ During the _____ Semester of _____ (Year)
(Total Semester Hours)

Student Data

Cum. GPA: _____

Last Sem. GPA: _____

For VPAA Use Only

(Vice President for Academic Affairs)

I, the undersigned, do understand that enrolling in an overload schedule will result in an additional tuition charge.

Student Signature

(The total additional fees may be obtained in the Cashier's or Registrar's Office.)