Credit Overload Authorization Form- over 18 credits

Term: Fall/Spring  Year: ________
Student ID#: __________________
First Name: ___________________
Last Name: ___________________
Total # of currently taking: _______  Total # of overload credits: _______
Course: ________________________

Students registering for more than 18 credits must obtain the signatures below and submit this completed form along with a paper registration for credits over 18 to the Registrar's office. Students are unable to register themselves via MyUSJ for any credits over 18 total. Students should attach their schedule for review by the Advisor/Chair/Dean.

Required Signatures:
Student Signature: ____________________________________________
Print Name: __________________________________________________

Advisor: _____________________________________________________
Print Name: __________________________________________________

Department Chair (of your program): _____________________________
Print Name: __________________________________________________

Dean Signature: _______________________________________________
Print Name: __________________________________________________

Registrar's Office Use Only
Staff Initials: _________
Date: __________