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: __________