



Email: [registrar@usj.edu](mailto:registrar@usj.edu)

Fax: (860) 231-8396

**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: \_\_\_\_\_

<p><b>Registrar's Office Use Only</b></p> <p>Staff Initials: _____</p> <p>Date: _____</p>
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