



Clafin University

Office of Records and Registration

Overload Approval Form

(Maximum Load – 21 Semester Hours)

Student ID Number: _____

Student Name (Print): _____

Last Name

First Name

Middle

Semester/Term: Fall _____ Spring _____ Summer _____ Year _____

Major: _____

Student MUST have a 3.0 grade point average in the semester prior to request for 21 hours.

Classification: (Please indicate one)

Sophomore

Junior

Senior

Course Prefix: _____ Number: _____ Section: _____ Days: _____ Time: _____

The above student is approved to register for _____ semester hours during _____.

(Semester, Year)

Advisor

Date

Departmental Chair

Date

School Dean

Date

Asst. VP or VP Academic Affairs

Date