

DIVISION OF ACADEMIC AFFAIRS Office of the Registrar ADD/DROP/OVERLOAD REQUEST

Year:	Term:	
Fall	△Spring	△Summer

Name:Address:				Student ID#:		
				City/State/Zip:		
Signature:			Date:	Phone#		
Add				Drop		
Course Prefix	Course# Sec#	Faculty Signature	Course Prefix	Course# Sec#	Faculty Signature	
Reason/Just	tification for Addi	ng or Dropping				
A. Overload Approval Total SCH (semester credit hours)		Division Dean Signature /	/ Date	Provost/Vice President for Academic Affairs' Signature / Date		
B. Cou	ırse Selection					
		Advisor's Signature / Date			Cumulative GPA	
Note: This	s is not a "withdrawal fro	m the college" form.				
		Dron/Ov	erload processed in Office of the	Dagistror by	Date:	