**COURSE OVERLOAD AGREEMENT**

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| --- | --- | --- | --- |
| **Student’s Last Name** |       | **Student’s First Name** |       |
| **Student ID** |       | **Semester** |       |

Courses

|  |  |  |  |
| --- | --- | --- | --- |
| **Course #** | **Course Name** | **Section** | **Faculty** |
|  |  |  |  |
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| Initials |  |
|  | I understand that I have requested, and been granted, permission to enroll in more than the recommended number of courses in one semester.  |
|  | I acknowledge that the deadlines set forth in the courses and by the faculty must be adhered to throughout the semester.  |
|  | I understand that I must meet all requirements of the courses.  |
|  | I understand that I will not be allowed an extension or an incomplete grade in any of the courses if I fail to complete the requirements in the time allotted. |
|  | I understand that I will be required to retake any course in which requirements were not met. |
|  | I understand that the University regulations for withdrawal and course refunds apply to this overload without exception.  |

My signature indicates that I agree to adhere to the deadlines and instructions noted above, as well as the penalties for failure to adhere to the instructions. I understand that I must provide a copy of this agreement by the end of the first week of the course to all of my faculty during the semester in which the exception was granted.

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|       |  |       |
| Student’s Name (PRINTED) |  | Date |

|  |
| --- |
|  |
| Student’s Signature  |

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| --- | --- | --- |
|  |  |       |
| Signature Course Faculty |  | Date Received in SON |