

COURSE OVERLOAD AGREEMENT

Student's Last Name		Student's First Name	
Student ID		Semester	

Courses

Course #	Course Name	Section	Faculty

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.

Student's Name (PRINTED) _____
Date

Student's Signature

Signature Course Faculty _____
Date Received in SON