

MEREDITH COLLEGE

APPLICATION FOR COURSE OVERLOAD

A student who wishes to take a course overload of more than 18 hours must have written permission from the Registrar.

You will be billed for all hours over 18. You are responsible for the tuition and the course fee (if applicable).

FULL NAME _____

ID NUMBER _____

CURRENT TELEPHONE NUMBER _____
Area code phone number

MEREDITH E-MAIL ADDRESS _____

Total number of hours for the semester of the overload _____

Semester and year of overload _____

Course you wish to add IF the overload is approved: _____
Department Number Section

Reason for overload:

Student's Signature _____ Date _____

Return this form to the Office of the Registrar, 1st floor, Johnson Hall

For office use only: attach a copy of the student's current class schedule for the term listed above and student's unofficial transcript.

Overload approved _____ Date _____

Overload denied _____ Date _____