



PERMISSION FOR TERM OVERLOAD

REQUIRED IN ORDER TO REGISTER IN MORE THAN 20 SEMESTER CREDITS

NAME _____ ID _____

MAJOR _____ GPA _____

THIS STUDENT IS MY ADVISEE AND I RECOMMEND THAT HE/SHE BE ALLOWED TO REGISTER IN THE FOLLOWING CREDITS BEYOND 20 DURING THE _____ TERM.

CRSE # / TITLE _____ CALL # _____ CRS. _____

CRSE # / TITLE _____ CALL # _____ CRS. _____

ADVISOR SIGNATURE _____

Return form with advisor signature to the **CEHSP Student Affairs Office** in **Bohannon Hall 120**.