# Claflin University

# Office of Records and Registration

## Overload Approval Form

*(Maximum Load – 21 Semester Hours)*

**Student ID Number:** _____

**Student Name (Print):** _____

| **Last Name** | **First Name** | **Middle** |

**Semester/Term:**    Fall _____    Spring _____    Summer _____    Year _____

**Major:** _____

**Student MUST have a 3.0 grade point average in the semester prior to request for 21 hours.**

**Classification: (*Please indicate one*)**

☐ **Sophomore**

☐ **Junior**

☐ **Senior**

**Course Prefix:** _____ **Number:** _____ **Section:** _____ **Days:** _____ **Time:** _____

The above student is approved to register for _____ semester hours during _____.

**(Semester, Year)**

_____          _____
**Advisor**                                                                                  **Date**

_____          _____
**Departmental Chair**                                                                **Date**

_____          _____
**School Dean**                                                                          **Date**

_____          _____
**Asst. VP or VP Academic Affairs**                                        **Date**