

## **Course Overload Permission**

Students who wish to register for 21 or more hours in a single semester must obtain special permission from their advisor and from the Dean of Academic Affairs and Student Services. Students should complete the Course Overload Permission form in consultation with their advisor. If this form is not filled out in its entirety, it will not be processed.

Studen	t ID#:									
Student Name (Print)										
			Last			First		Middle		
MCC Email Address:							_	@my.martincc.edu		
Telephone:		,	First Initial of First Name, First Initial of Last Name,  GPA:				, Last 5 Digits oj Stuud ا		ogram	
						17			76	
Overload permission req			uested for:	Fal	II :	Spring	Summer	Year: 20		
Proposed Class Schedule										
Prev.	Course	Course		Credit	Start	End				
Reg.	Prefix	Numbe	er Number	Hours	Date	Date		Course Title		
						<del> </del>				
		<del>                                     </del>				<u> </u>				
					!					
Total Credit Hours:										
Signatu	ure of Stud	dent:						Date:		
Signatu	ure of Adv	Date:								
Signature of Dean of Academic Affairs: Date										
Permission for course overload granted: Yes No										
Signature of Registrar's Staff:								Date:		