



Class Limit Overload Request

INSTRUCTIONS: This form is used to request permission to enroll in a class which is "closed" (at full enrollment), **AFTER THE OFFICIAL PERIOD FOR SCHEDULE CHANGES HAS PASSED.**

STUDENT COMPLETES THIS SECTION		
Date	Semester	Year
Student's Name		SSN
Mailing Address		Phone
E-mail Address		Fax
Course Abbr.	Course #	Synonym/Section #
Reason for Request		
Student's Signature		

*ADMINISTRATOR COMPLETES THIS SECTION	
Instructor Name _____	
Instructor Contact <input type="checkbox"/> Confirmed: Date: _____	<input type="checkbox"/> Phone <input type="checkbox"/> Email
TFC/PC Contact <input type="checkbox"/> Confirmed: Date: _____	<input type="checkbox"/> Phone <input type="checkbox"/> Email
Request: <input type="checkbox"/> Approved	*Department Chair, Dean, Assistant Dean or Campus Administrator
<input type="checkbox"/> Not Approved	
Reason: _____ _____ _____	
*Administrative Signature	Date