

Over-Enrollment Authorization

Registration and Records

Quarter: Summer Fall Winter Spring Year 20 _____

Student name

SID

Please register this student as an over-enrollment for:

Item number _____ Course number _____ Course title _____ Credits _____

Instructor Signature _____ Date _____

Instructions:

- Instructor signature required.
- Submit to the Registration and Records Office **within 24 hours** of the date of the faculty signature.
- Over-enrollment registration is not valid until this form has been processed at the registration and Records Office.
- **Valid only during the *first five days* of the quarter.**