



# 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.

X:\stdsrv\R&R/forms/Registration\overenrollment form (Rev 11-14-12)



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