



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.

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