Claflin University

Office of Records and Registration

Overload Approval Form

(Maximum Load –21 Semester Hours)

Student ID Number: _____

Student Name (Print): _____

Semester/Term: Fall _____ Spring _____ Summer _____ Year _____

Major: _____

Student MUST have a 3.0 grade point average in the semester prior to request for 21 hours.

Classification: (Please indicate one)

☐ Sophomore

☐ Junior

☐ Senior

Course Prefix: _____ Number:_____ Section:_____ Days:_____ Time:_____

The above student is approved to register for _____ semester hours during _____.

Advisor Date

Departmental Chair Date

School Dean Date

Asst. VP or VP Academic Affairs Date