INSTRUCTOR AUTHORIZATION TO OVERLOAD CLASS LIMITS

☐ FALL ☐ SPRING  Year: _______________

INSTRUCTIONS: for day division students to register into a full class, the student must secure the required signature(s) and present the completed form in Parenzo 107 during Add/drop.

STUDENT NAME: _________________________________________  CWID: A_________________

<table>
<thead>
<tr>
<th>CRN:</th>
<th>COURSE PREFIX:</th>
<th>COURSE NUMBER:</th>
<th>COURSE SECTION:</th>
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COURSE TITLE INSTRUCTOR NAME (PRINTED)

As the faculty of record for this course, I understand that my signature and the department chairperson’s signature (if required) will allow the above listed student to be added to my closed class.

SIGNATURE: ___________________________  DATE: ______________

DEPARTMENT CHAIRPERSON
The ENGL, EDUC, and MOVP department’s also require the Chair’s signature.

SIGNATURE: ___________________________  DATE: ______________

AND MUST BE SUBMITTED BEFORE 4:30 P.M. ON THE LAST DAY OF ADD/DROP.