WESTFIELD STATE UNIVERSITY OFFICE OF THE REGISTRAR

INSTRUCTOR AUTHORIZATION TO OVERLOAD CLASS LIMITS

I	☐ FALL	☐ SPRING	Year: _			
INSTRUCTIONS: the required signs						
STUDENT NAME:			CWID: A			
CRN:	COURSE PREFIX:		OURSE JMBER:		COURSE SECTION:	
COURSE TITLE		IN	STRUCTOR	NAME (PR	INTED)	
As the faculty of rece chairperson's signatu- class.			•	_		
SIGNATURE:				1	DATE:	
DEPARTMENT CHAIRPERSON The ENGL, EDUC, and MOVP department's also require the Chair's signature.						
SIGNATURE:					DATE:	
AND MUST BE S	SUBMITTED) <u>BEFORE</u> 4:30 I	P.M. ON T	HE LAST	DAY OF AI	DD/DROP.
Processed by:	Date	<i>:</i>			I	Rev. 01/2013