

COLLEGE OF EDUCATION
OVERLOAD PERMIT

Student Name: _____ EMPLID: _____

Has permission to take _____ hours during the _____
Term Year

I acknowledge the additional workload that may be associated with this request and I understand that I am governed by University and College drop deadline restrictions after the seventh week of Fall and Spring terms (or after pro-rated dates for Summer terms).

Student Signature Date

Dean's Office approval Date