Boston University

Office of the University Registrar

OFFICE OF THE UNIVERSITY REGISTRAR

COURSE OVERLOAD AUTHORIZATION FORM

Complete all the information requested. PRINT carefully using CAPITAL BLOCK LETTERS.
You and your advisor must sign and date the form and then forward it to your Dean's Office.

Last Name, Middle Initial

B.U.I.D./Social Security #

YEAR

First Name

Local Telephone

Semester (circle one)

FALL SPRING

College

Degree Program eg. BA/MA

Major

Class (circle one)

FR SO JR SR GR

I am requesting authorization to register for the following courses and credit hours.

Faculty Advisor Last Name

COLLEGE	COURSE NO.	SECTION	CR. HRS.
			.
			.
			.
			.
			.
			.
			.
			.
TOTAL CREDIT HOURS			.

Signatures Needed	Date
Student:	
Advisor:	
Dean:	

TOTAL NUMBER OF CREDITS APPROVED

REGISTRAR'S COPY