
PERMISSION TO REGISTER FOR CREDIT OVERLOAD

Student Name: _____ Cortland ID Number: C00-_____

Major: _____ Semester: _____ Year: _____ GPA: _____

List all courses by course number (i.e. BIO 110) that you are registered for or plan on taking during the semester of the credit overload:

Will you be taking courses at another institution? ___Yes ___ No If "yes," list courses: _____

Total Number of credits student is authorized to register for at Cortland: _____

When approved for overload credits, it is understood that you may be scheduled for more than two final exams in one day.

Student Signature: _____ Date: _____

Advisor Approval: _____ Date: _____

Associate Dean Signature: _____ Date: _____

Advisor / Associate Dean Comments: