



Petition to Register for more than 19 Hours

Valdosta State University

Department of Communication Arts

Student Name	Major/Emphasis
870	
Student ID Number	Advised by
Email Address: _____	51/25/16
	Date
Hours earned: _____	Hours enrolled: _____
	CGPA: _____

Is the course you wish to enroll in open? Yes No
If no, you need to submit an override request.

What course(s) do you need to register for in the term requested?

CRN Prefix Number Title

What is the reason for requesting an overload (410 characters)

I understand that the approval of this overload is not a guarantee that you will be registered for the course. Registration is restricted to seats available. Furthermore, I understand that enrollment in an overload will result in additional fees.

Student Signature	Advisor Signature
Department Head Signature	Date processed/Email sent