

OFFICE OF THE REGISTRAR



OVERLOAD REGISTRATION FORM

Banner ID#: _____ -or- Email: _____@dickinson.edu

Class of _____

I, _____, understand that by submitting this form to the
(Student's Name – please print)

Registrar's Office I am officially utilizing **one of the two** semesters that I am permitted to register for five course credits.

1. I will add this fifth course to my schedule via Banner Self-Service during the Add/Drop Period pending space available in this course.
2. This overload counts as **one of two** permitted, even if I decide not to register for a fifth course, drop the fifth course or withdraw from the fifth course. This overload stands and cannot be revoked.
3. I will register for an overload for the following semester:
 Fall Spring Year: 20____
4. This is my: first second semester of five courses.

Reason for overload: _____

Student's Signature: _____

Date: _____

Advisor's Signature: _____

Date: _____

Registrar's Office Use Only

Date Received: _____

Previous overloads used: _____

Received by: _____

SFAREGS: _____