OVERLOAD REGISTRATION FORM

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

Class of _________

I, ____________________, understand that by submitting this form to the 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: ___________

Revised 2/20