



East Georgia College
 Office of the Registrar
 131 College Circle
 Swainsboro, GA 30401
 Tel: (478)289-2014 Fax: (478)289-2140

Overload Request Form

**Please return this completed form to the Office of the Registrar.

Semester Requested: Fall Spring Summer **Year:** _____

Student Name: _____ Student ID#: _____
Last First M.I.

Address _____ Apt # _____ Tel: (____) _____

City _____ State _____ Zip Code _____ Cell: (____) _____

Reason for Overload Request: _____

Normal Course Load			
CRN Number	Subject	Number	Credit Hrs
Total:			

Course(s) Requested for Overload				Inst Signature <i>(if applicable)</i>
CRN Number	Subject	Number	Credit Hrs	

****Any course that is full must have override permission via signature above before the course can be added.**

Student Signature: _____ Date: _____

Approvals: Note: All signatures below must be obtained by student before the request will be processed.

Academic Advisor: _____ Date: _____

Vice-President for Academic Affairs: _____ Date: _____

Registrar: _____ Date: _____

**Please return to the Office of the Registrar for this signature.