Course Overload	WESTFIELD STATE UNIVERSITY OFFICE OF THE REGISTRAR
INSTRUCTOR AUTHORIZATIO	N TO <u>OVERLOAD</u> CLASS LIMITS
□ FALL □ SPRINC	G Year:
•	o register into a full class, the student must secure npleted form in Parenzo 107 during Add/drop.

STUDENT NAME: _____ CWID: A_____

CRN:	COURSE	COURSE	COURSE
	PREFIX:	NUMBER:	SECTION:
COURSE TITLE		INSTRUCTOR NAME (PRINTED)	

As the faculty of record for this course, I understand that my signature and the department chairperson's signature (if required) will allow the above listed student to be added to my closed class.

SIGNATURE: _____ DATE: _____

DEPARTMENT CHAIRPERSON

The ENGL, EDUC, and MOVP department's also require the Chair's signature.

SIGNATURE: _____ DATE: _____

AND MUST BE SUBMITTED <u>BEFORE</u> 4:30 P.M. ON THE LAST DAY OF ADD/DROP.

Processed by: _____ *Date:* _____