

COURSE OVERLOAD

**WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR**

INSTRUCTOR AUTHORIZATION TO OVERLOAD CLASS LIMITS

FALL SPRING Year: _____

INSTRUCTIONS: for day division students to register into a full class, the student must secure the required signature(s) and present the completed form to the Office of the Registrar located in Parenzo Hall, Room 150 during the Add/Drop period.

STUDENT NAME: _____ CWID: A _____

CRN:	COURSE PREFIX:	COURSE NUMBER:	COURSE 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 departments also require the Chair's signature.

SIGNATURE: _____ DATE: _____

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

Processed by: _____ Date: _____

Rev. 08/2023