

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
COLLEGE OF EXTENDED & GLOBAL EDUCATION
COURSE OVERLOAD PERMIT**

Name _____ Student ID# _____ Quarter/Year _____

Undergraduate:

Freshmen Sophomore Junior Senior

Graduate/Post-Baccalaureate:

MA/MS Credential 2nd BA Certificate Other

Major/Concentration _____ GPA: Last Term _____ CSUSB _____ Overall _____

Total units currently enrolled in: _____ Expected term and year of graduation: _____

***Please Read:** I understand that this permit is subject to an approval and that I am responsible for any additional registration fees. I certify that there are no holds on my records, that my GPA meets the minimum requirement (3.0 or higher) and that this request will not constitute a time conflict with the courses in which I am currently enrolled. I also understand that all registration policies and procedures still apply.*

Student's Signature _____ Date _____ Phone # _____

All boxes are REQUIRED information.

Course(s) currently enrolled in:

CLASS # (Example: 10566)	COURSE # (Eng. 101)	COURSE TITLE (Freshmen Comp)	UNITS (4)	DAYS & TIME CLASS MEETS (M, W 8 - 9:50)
1.				
2.				
3.				
4.				
5.				

List course that will constitute the overload:

CALL #	COURSE #	COURSE TITLE	UNITS	DAYS & TIME CLASS MEETS
1.				
Lab				

NOTE: Only the approved course can be added to your current registration. All registration policies and procedures still apply.

Instructor's Signature: _____ Department Chair's Signature: _____

Approved () _____ additional units for a total of _____ units.

Denied () _____

Authorized Signature: _____ **Date** _____

(For approval, please submit form with all required signatures to CGI-301B for review)