**College of Business (CB) Major Student Overload Request**

*Please attach your anticipated graduation plan to this form*

Name: Student ID: Quarter, Year:

|  |  |  |
| --- | --- | --- |
| **Requested Schedule** | **GPA Information**  (This can be found on MyCWU > Student > Graduation > My Academic Requirements page) | |
| Class 1: | **CWU GPA** |  |
| Class 2: | **Collegiate GPA**  (CWU/Transfer combined) |  |
| Class 3: | **CB Major 1 GPA**  Major: |  |
| Class 4: | **CB Major 1 Upper Division GPA** |  |
| Class 5: | **CB Major 2 GPA**  Major: |  |
| **Total credits:** | **CB Major 2 Upper Division GPA** |  |

Please describe your reason for requesting an overload:

*If you would like to be enrolled into a specific course, please fill out the “Courses to Add” portion below. Otherwise, please sign and date at the bottom of the form and send this form and graduation plan to your faculty mentor for review.*



**Schedule Change Form**

**Course(s) to Add:** *Reason for Signature: Please mark all that apply*

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| Class No. (5digit) | Subject | Catalog  Number | Section  Number |  | Permission | Requisites | Closed | Audit | Time  Conflict | Late  Reg. | Instructor Signature |
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**Course(s) to Drop (not available after Schedule Change Period):**

* By signing this form, I acknowledge that registration obligates me for payment of all tuition & fees. I understand that if my balance is not paid by the due date, I may be assessed late penalties. I also acknowledge that if registration occurs after the published deadline, tuition and fees are due immediately and late registration fees will apply.
* Registration in 19 or more credits will result in additional tuition charges.
* Undergraduates: Advisor & Chair signature required for 19-20 credits.

Dean signature required for 21+ credits.

* Graduates: Advisor & Chair signature required for 17-19 credits. Dean signature required for 20+ credits

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| --- | --- | --- | --- | --- |
| Class # (5  digit) | Subject | Catalog  Number | Section  Number | Instructor Signature  *(only needed for swaps)* |
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Approval for Late Registration/Overload Approval:

**Reason for Signature:** Credit Overload Late Registration

Faculty Mentor:

Major Dept. Chair:

Dean:

Registrar:

Student Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_