

**State University of West Georgia Course Registration Form**

Name \_\_\_\_\_ Date \_\_\_\_\_  
ID# \_\_\_\_\_ Semester/Year \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_

CRN (required)	Depart. Abbrev.	Course Number	Section Number	Time	Credit Hours	If Audit Mark X

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Overload Permission

Dean's signature \_\_\_\_\_ Hours Approved \_\_\_\_\_

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Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_