

Name _____ ID Number 917 Date _____

Email Address _____ @my.westga.edu Cell Phone # _____

(All official communication will be sent via this email address)

Daytime Phone # _____

CRN (Required)	Department Abbreviation	Course Number	Section Number	Credit Hours	Time	Override/ Approval	If Audit Mark X

Overload Permission

Assistant Dean's Signature _____ Hours Approved _____

Advisor's Signature _____ Date _____

Student's Signature _____ Date _____

(My signature on this form indicates that I understand that any change from these recommended courses may result in the delay of my graduation.)

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