

The Graduate School
Permission to Register for Courses Which Overlap in day and or Time

Note: This form is **ONLY** for Graduate Students.

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Student's Last Name, First Name—Please Print

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CWID

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|----------------|
| @montclair.edu |
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MSU Email Address

| | |
|----------------------------|----------------------------|
| ____ Spring ____ Fall | ____ Summer ____ Winter |
| Semester/Year _____ | |

Students will be contacted via email should The Graduate School have any questions concerning this request.

University policy states that in certain laboratory or studio type courses, under exceptional circumstances, course overlaps may be permitted with written approval from the Instructors, Deans and Chairs of each department .

Note: Please be sure that there are no holds on your account.
 It is the student's responsibility to obtain any permits that may be required.
 If a credit overload is required, please complete and submit the course overload application with this form.
 Variable credit courses must include the desired number of credits the course will be taken for.

Incomplete forms will be not be processed.

| | CRN | Subject | Course | Section | Credits | Course Meets: Days/Times |
|----|-----|---------|--------|---------|---------|--------------------------|
| 1. | | | | | | |
| 2. | | | | | | |

Justification: _____

Student's Signature **Date**

| | Print | Signature | Date |
|--------------------------------|-------|-----------|------|
| Class 1. Instructor | | | |
| GPC/Advisor | | | |
| Chairperson | | | |
| | | | |
| Class 2. Instructor | | | |
| GPC/Advisor | | | |
| Chairperson | | | |

The Graduate School Use Only:

Approve/ Deny: _____ Date: _____

Reason: _____