

Please allow 5-10 business days for processing

Student's Last Name, First Name—Please Print

MSU Email Address

Students will be contacted via email should the Office of the Registrar have any questions concerning this form
 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 completed credit overload 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.

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CWID

___ Spring	___ Summer
___ Fall	___ Winter
Semester/Year _____	

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

Justification: _____

Student's Signature (Electronic Signatures are not acceptable)

Date

	Print	Signature	Date
Class 1. Instructor			
Chairperson			
Dean			
Class 2. Instructor			
Chairperson			
Dean			