

Semester: Fall 20____ Spring 20____ Summer 20____

Student Name: _____ Student ID Number: _____ Date: _____

I am a: FR SO JR SR

Please complete the following:

- When this form is processed, I will be registered for _____ credits for the semester.
- My intention is to be: Part Time (1-11 credits) _____ Full Time (12-17 credits) _____ *Overloaded (18+ credits) _____

Students who wish to register for more than 17 credits must have a minimum cumulative grade point average (CGPA) of 3.25 and obtain the permission of the academic advisor. Student Financial Services must also approve prior to registration of the credit overload.

I am currently an NCAA athlete: _____ No _____ Yes (Note: any drops may affect full-time status for NCAA eligibility)

LIST BELOW ALL COURSES YOU WISH TO ADD:

NOTE: YOU MUST HAVE AN INSTRUCTOR SIGNATURE TO PERMIT AN OVERLOAD OR A PRE-REQUISITE WAIVER

DEPT. ID	COURSE NUM	SECT NUM	COURSE TITLE	INSTRUCTOR	DAYS & TIMES	CREDITS	MARK IF APPLICABLE		INSTRUCTOR INITIAL FOR APPROVAL		
							REPEAT	AUDIT	PERMISSION REQUIRED	CAPACITY OVERLOAD	PREREQ WAIVER

LIST BELOW ALL COURSES YOU WISH TO DROP:

DEPT. ID	COURSE NUM	SECT NUM	COURSE TITLE	INSTRUCTOR	DAYS & TIMES	CREDITS	LAST DATE OF ATTENDANCE

NOTE: It is the student's responsibility to consult the current University Catalog for full policies regarding registration changes.

My signature below indicates that I have read, understand, and accept the Student Financial Responsibility information provided to me at franklinpierce.edu/financialresponsibility.

Student Signature

*Student Financial Services (Overload Approval)

ADVISOR SIGNATURE

ADVISOR PLEASE PRINT NAME

INSTRUCTOR/PLEASE PRINT NAME (If required)

CENTER FOR ACADEMIC EXCELLENCE (If required)

Processed by: _____ Date: _____

Rev. 9/16