



FAMU-FSU Engineering

UNDERLOAD/OVERLOAD PERMIT

STUDENT NAME: _____

STUDENT EMPL ID: _____

EMAIL ADDRESS: _____

SEMESTER: _____ **YEAR:** _____ **DATE SUBMITTED:** _____

Has permission to register for the following hours:

Underload/Overload hours: _____

STUDENT'S SIGNATURE

DEPARTMENT CHAIR/DESIGNEE'S SIGNATURE

DEAN/DESIGNEE'S SIGNATURE

1 copy to departmental file, 1 copy to Student Services (Room B111)