



# Methodist College

## Administrative Approval Form

This form is to be completed when a student requests to be allowed to enroll in a course for which one or more prerequisites have not yet been met **or** to enroll in a number of credit hours exceeding 18 (Fall/Spring) or 13 (Summer) in a given term.

**To save or submit this form via email, please print the completed form to PDF**

### STUDENT PERSONAL INFORMATION

ID Number

Name Last, First, Middle

### ACADEMIC INFORMATION

Degree (Major)

Catalog Year

Prerequisite Override Request

Enrollment Overload Request

### COURSE & INSTRUCTOR INFORMATION

Course Number & Title

Year & Term

Instructor Name

Department

### PREREQUISITE REQUEST INFORMATION

Please identify the prerequisite requirement(s) not met:

Please identify the reason(s), circumstance(s), or justification(s) supporting the recommendation. May be attached as a separate document if necessary.

### COURSE OVERLOAD REQUEST INFORMATION

Please describe your strategies for ensuring academic success despite the overload. May be attached as a separate document if necessary.

Student Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

Prerequisite Override/Overload Approved

Prerequisite Override/Overload Denied

\_\_\_\_\_ Instructor Initials  
\_\_\_\_\_ Lead Faculty/Program Chair Initials  
\_\_\_\_\_ Dean/Division Chair Initials

\_\_\_\_\_ Instructor Initials  
\_\_\_\_\_ Lead Faculty/Program Chair Initials  
\_\_\_\_\_ Dean/Division Chair Initials

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date Approved/Denied

\_\_\_\_\_  
Lead Faculty / Program Chair Signature

\_\_\_\_\_  
Date Approved/Denied

\_\_\_\_\_  
Dean/Division Chair Signature

\_\_\_\_\_  
Date Approved/Denied

#### OFFICE USE ONLY

(Indicate distribution date below)

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Lead Faculty/  
Program Chair

\_\_\_\_\_  
Dean/Division  
Chair

\_\_\_\_\_  
Registrar's Office

\_\_\_\_\_  
Advisor

Revised 8/2024