

**Permit for Overload  
Tennessee State University  
Records Office**

Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

T Number _____	Student Name _____
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Semester Hours Overload \_\_\_\_\_

Cumulative Av Last Semester \_\_\_\_\_

Major Advisor _____	Date _____
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Major \_\_\_\_\_ Classification \_\_\_\_\_

Dept. Head _____	Date _____
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Justification:

Dean _____	Date _____
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Date Filed in Records Office: \_\_\_\_\_

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\_\_\_\_\_