



# KEAN

## Office of the Registrar

### Overload Registration Request Form

Registration into a closed or full course as an Overload Registration is not permitted without approval from the Department Chair or Executive Director of the respective course. Upon approval, submit this fully completed form to the Office of the Registrar for processing.

Student ID \_\_\_\_\_ Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

Student Cell Phone Number \_\_\_\_\_ Student Email Address \_\_\_\_\_ Anticipated Graduation Date: ☐ Jan 20 \_\_\_\_ ☐ May 20 \_\_\_\_ ☐ Aug 20 \_\_\_\_

Current Major(s)/Academic Program \_\_\_\_\_ Current Minor, if applicable \_\_\_\_\_

### Overload Course Information

Semester: ☐ Fall 20 \_\_\_\_ ☐ Winter 20 \_\_\_\_ ☐ Spring 20 \_\_\_\_ ☐ Summer 20 \_\_\_\_ Currently Enrolled Credits in Semester: \_\_\_\_\_

| Course Number | Section Number | Course Title | Credits |
|---------------|----------------|--------------|---------|
|---------------|----------------|--------------|---------|

Are you currently waitlisted for this course section? ☐ Yes ☐ No, please explain: \_\_\_\_\_

Reason for Request: Please provide an explanation for requesting registration into this closed or full course.

### Student Acknowledgement

I understand that this Overload Registration Request will alter my academic record, may change my current full-time/part-time status and may also impact my Financial Aid eligibility and/or tuition balance. I also understand that if registration into the course listed above results in a credit overload or a schedule time conflict with an existing course, I may not be registered without obtaining the required additional approvals.

▶ \_\_\_\_\_  
Student's Signature Date

### Academic Department/School Approval

Academic departments/schools are encouraged to allow normal enrollment activity to occur before considering overload requests. **Requests for registration into a closed or full course should be reviewed only after the first three (3) weeks of registration have passed.** Approval should be granted only when there is a demonstrated academic need and when adding the student will not adversely affect instruction, classroom capacity, or course integrity. Please review the student's request and indicate your decision below.

### Request Decision:

☐ Denied

☐ Approved – Please indicate additional approvals below:

Co-/Pre-Requisite Waiver, if applicable: ☐ Approved ☐ Denied

Student Petition Granted, if applicable: ☐ Approved ☐ Denied

Registration Rule Override, if applicable: ☐ Approved ☐ Denied

Credit Overload Approval, if applicable: \_\_\_\_\_

\_\_\_\_\_  
Dean's Office Approval Signature Date

Department Chair/Executive Director Name \_\_\_\_\_ Department Name \_\_\_\_\_

▶ \_\_\_\_\_  
Department Chair/Executive Director Signature Date

Please deliver this completed form to the Office of the Registrar or email to [regme@kean.edu](mailto:regme@kean.edu).

Form Revised: 10/13/2026