



Registration/Schedule/Overload

Request Form

This form must be approved by your Academic Advisor before proceeding to registration.

I agree to pay all TROY charges on my account. I understand that the university is advancing value to me in the form of educational services and that my right to register is expressly conditioned upon my agreement to pay institutional costs including, but not limited to, tuition, fees, housing, meal plan, and any additional costs, when those charges become due. It is my responsibility to view my charges on TROJAN WEB EXPRESS. I understand that a past due student account balance will result in a financial hold, which prevents future registrations, access to transcripts, as well as other services being offered in accordance with university policy. Delinquent student account balances may be reported to a credit bureau and referred to collection agencies or litigated. I agree to pay any and all costs associated with the collection of unpaid fees, including any/all cost of collections and collection fees (33.33%), attorney fees, and/or court costs, if such be necessary. I agree, in order to service my account or to collect monies I owe, TROY may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. TROY may also contact me by sending text messages or emails, using any email address I provide to TROY. Methods of contact may include using prerecorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

Semester/Term _____

Name _____

Student ID# _____

Major _____

Telephone # _____

Email Address _____

Students Signature _____ Date _____

I request to enroll in the following courses:

Dept.	Crs #	Section	Course Title	Day(s)	Time Start	Time End
				M T W TH F		
				M T W TH F		
				M T W TH F		
				M T W TH F		
				M T W TH F		
				M T W TH F		
				M T W TH F		

Alternate Courses:

Dept.	Crs #	Section	Course Title	Day(s)	Time Start	Time End
				M T W TH F		
				M T W TH F		
				M T W TH F		
				M T W TH F		

Advisor Approval

Advisor Signature _____ Date _____

Overload Approval: Over 18sh UG or 12sh GR requires approval as follows: UG Academic Advisor, Department Chair & Dean; GR Academic Advisor and Associate Provost and Dean of Graduate School. [See Catalog.](#)

Department Chair Signature _____ Date _____