

AUTHORIZATION FOR COURSE LOAD EXCEEDING 19 SEM. HOURS

Office of the Registrar Mattson Centre 22500 University Drive Langley BC, V2Y 1Y1 TWU.ca/Help

PROCEDURE

- 1. Complete all information in SECTION A
- 2. Obtain signatures from Academic Advisor and Program Dean in SECTION B & C.
- Submit completed form to the Office of the Registrar, twu.ca/help.

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	LAST NAME	FIRST NAME	

LAST	LAST NAME		FIRST NAME			TWU ID NUMBER		
GREE/MAJOR:			ACADEMIC YEAR:	FIRST	SECOND	THIRD	FOURTH	
nde Point Average (GF	PA) earned last semester:	Cumu	ative Grade Point Avera	age (GPA				
				-gc (c	·,			
am enrolled in the f	ollowing courses for:	SEMESTER	Spring Fa	l Sum	nmer			
COURSE CODE		со	URSE TITLE				SEMESTER HOURS	
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wish to add the follo	owing courses:							
COURSE CODE		со	URSE TITLE				SEMESTER HOURS	
Student Signature					Date			
CTION B. TO DE	- COMPLETED DV A CADA	-MIC A BV//CO						
CITON B - TO BE	E COMPLETED BY ACADE	EMIC ADVISOI	· -					
Academic Advisor Si	gnature P	rint Name				 Date		
<u></u>								
CTION C - TO BE	E COMPLETED BY DEAN	(OF THE FACULT	Y /SCHOOL IN WHICH YOU	J ARE MA.	JORING)			
Dean Signature	Pı	rint Name				Date		
Dean Signature	Pi	rint Name				Date		