

**CONCURRENT HIGH SCHOOL
OVERLOAD PETITION FORM**

Student Section:

1. NAME _____ SSN _____
2. ADDRESS _____
3. PHONE NUMBER _____
4. Please provide justification for why you should be permitted to enroll in excess courses: _____

5. Student Signature _____ Date: _____

Parent/Legal Guardian Section:

As the parent/legal guardian, I grant permission for the above-named student to enroll concurrently in excess courses at Murray State College.

Parent/Legal Guardian Signature: _____ Date: _____

High School Section:

I recommend the above-named student be permitted to enroll in excess courses. Provide any applicable comments: _____

High School Counselor Signature: _____ Date: _____

High School Principal Signature: _____ Date: _____

Murray State College Section:

_____ Approved _____ Denied

VP of Academic Affairs Signature: _____ Date: _____