EMAIL TEMPLATE FOR OVERLOAD AUTHORIZATION

All request must be sent to registration@louisiana.edu

From: ------@louisiana.edu
To: registration@louisiana.edu
Subject: *Term* Overload Authorization - C00000000

STUDENT INFORMATION
ULID: C00-----
Name: First Name | Middle Initial | Last Name

The student is hereby authorized to enroll for **XX** credits for the **XX** semester 2020.

Approver Information
Student's Academic Dean
Date Approved: