Revised as of 2017 July 20

University of the Philippines Cebu

APPLICATION FOR STUDENT OVERLOAD

Student Number	Name of Student	Degree Program	Year	Date

The Dean

☐ College of Communication, Art, and Design ☐ College of Social Sciences

☐ College of Science ☐ School of Management

I am a graduating student and I would like to request for an overload of _____ (_____) credit units this
in words *number*

☐ First Semester/Trimester ☐ Second Semester/Trimester ☐ Midyear Term/Third Trimester AY _____

for the following reasons:

_____

_____

_____.

The subjects I intend to enroll in are: (include non-academic subjects such as PE, NSTP)

Subjects	**Units**
Total Units	
Less: Regular Load	(_____)
Overload	

Status of Last Semester Enrolled _____

Attached herewith is a checklist signed by my adviser of the courses I have completed for the program I am presently enrolled in. Thank you.

_____
Signature of Student over Printed Name

RECOMMENDING APPROVAL:

_____ _____
Adviser Department Chair/
Program Coordinator

ACTION TAKEN: ☐ APPROVED ☐ DISAPPROVED

_____
College Secretary/Dean