

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	(_____)
<b>Overload</b>	_____

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	_____ College Secretary
ACTION TAKEN: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
_____ Dean		