



## REQUEST TO OVERLOAD CLASS

SEMESTER \_\_\_\_\_

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

STUDENT ID \_\_\_\_\_

CREDITS EARNED  
TO DATE

CURRENT CREDITS  
REGISTERED

PROGRAM/MAJOR \_\_\_\_\_

### TO BE FILLED WITH REGISTRAR

COURSE CODE	SECTION	CURRENT CLASS ENROLLMENT	AVAILABLE SEATS IN OTHER SECTIONS
			<input type="checkbox"/> Yes, SECTION _____ SEATS _____ <input type="checkbox"/> No
<b>REASON</b>			

IS THE STUDENT REGISTERED IN ANOTHER SECTION?

Yes, SECTION \_\_\_\_\_  No

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ABOVE INFORMATION VERIFIED BY REGISTRAR \_\_\_\_\_

DATE \_\_\_\_\_

### TO BE FILLED BY THE COURSE INSTRUCTOR AND APPROVED BY THE DEAN/CHAIR

APPROVED     DENIED

COURSE INSTRUCTOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED     DENIED

DEAN/CHAIR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_