



Office of the Registrar

Course Overload form

Student Information			
Student Name		Academic Year	
Student ID		Semester	
Degree Program		School	

Student Academic Record			
Cumulative GPA		Last Semester GPA	
Total Credit Hours Completed		Total Credit Hours requested this semester	
Verified by (registration officer):		Date:	

Reason(s) for Requesting Courses Overload

List of Requested Courses				
SN	Course Code/Number	Course Title	Course Credits	Comments
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

Student Signature		Date:	
Academic Advisor		Date:	
The Department Chair		Date:	
Dean of the School		Date:	
Vice President – Academic Affairs		Date:	

Registration Officer:		Date:	
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