



Department of 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

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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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