REQUEST FOR OVERLOAD

Student Information
Date of Request: ____________ Quarter: ____________ PUC ID: ____________

Full Name: __________________________ Last First Middle

Home or Cell Phone: _______ - _______ - _______

Request for Overload:
An overload is more than 17.5 hours (15 hours for students on academic probation)

Proposed schedule (List all courses):

<table>
<thead>
<tr>
<th>Prefix &amp; Number</th>
<th>Section</th>
<th>Course Title</th>
<th>Credit hours</th>
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Total credit hours for the quarter: ____________

You will be charged additional tuition for any hours above 17.5. Exception: If you are a senior who has taken 16 or more credits each quarter here and you are not a transfer student, your fees may be waived. I have read and understand the above: ____________ (initial here)

Advisor Approval:
I have reviewed the above request with the student and I:

☐ Approve ☐ Approve with reservations ☐ Do not approve

Comments (optional):

________________________________________________________
________________________________________________________
________________________________________________________

Signature of Advisor: ________________________________

Academic Dean Approval (Required for requests for 20 or more credits):
Signature of Academic Dean: ________________________________

Decision:
Approved ______________ Qualifies for Fee Waiver ______________
Denied ______________ Date ______________