

REQUEST FOR OVERLOAD



Records Office
One Angwin Avenue
Angwin, CA 94508
(707) 965-6673
(707) 965-6432 Fax

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

Proposed schedule (List all courses):

Prefix & Number	Section	Course Title	Credit hours

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, your fees may be waived. I have read and understand the above: (initial here) _____

Advisor Approval:

Year: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Cumulative Institutional GPA: _____

Major/Majors _____

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

☐ Approve ☐ Approve with reservations ☐ Do not approve

Comments (required): _____

Print Name

Signature of Advisor

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

Signature of Vice President of Academic Administration: _____

Decision:

Approved _____ Qualifies for additional tuition waiver _____

Denied _____ Date _____