

# REQUEST FOR OVERLOAD



Records Office  
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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 (15 hours for students on academic probation)

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 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 \_\_\_\_\_