APPLICATION FOR OVERLOADING
___ Semester/Midyear, A.Y. 20 ____ - 20 ____

Name: _____________________________________     Student No. _____________________
Degree & Major: _____________________________      Year Level ______________________
Total number of units this Semester ______________
Reason/s for Overloading
________________________________________________________________________________
________________________________________________________________________________

Please indicate the courses and their respective grades for the last two semesters you enrolled

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I certify on my honor that the above information is true and correct.

________________________
Signature of Student

Action:     ○ APPROVED
            ○ DISAPPROVED

________________________
Adviser

________________________
College Secretary