Overload Petition Form

- Use this form to petition for an overload of classes.
- Please print or type the information. If you have questions please contact the Records and Registration Office at 428-8270.

Full Name and Mailing Address:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Student ID Number: *(This could be your Social Security Number)*

Major:

Local Telephone Number:

Number of Excess Credits Requested: _________

Desired Overload Schedule—

<table>
<thead>
<tr>
<th>Department/Number</th>
<th>Course Title</th>
<th>Credits</th>
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Please explain why you desire this overload:

____________________________________________________________________

____________________________________________________________________

I understand that if this petition is granted, it is to remain in effect for one semester.

Signature   Date

Please do not write in this area; for EAC office use

Date Received in EAC Records & Registration Office: __________________________ Date Notified: __________________________

Units passed last semester: _________ GPA: _________ Cumulative Units: _________ Cumulative GPA: _________

Records & Registration Office Verification: __________________________________________________________________________

Action of College official and/or committee:  □ Approved  □ Disapproved

Comments:____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

College Official/Committee Chair   Date