



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: <i>(This could be your Social Security Number)</i>	Major:
Local Telephone Number:	

Number of Excess Credits Requested: _____

Desired Overload Schedule—

Department/Number	Course Title	Credits

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* _____