

**Office of the Registrar**
**Course Overload**
**STUDENT INFORMATION**

First name \_\_\_\_\_ Last name \_\_\_\_\_

Student ID \_\_\_\_\_ NU School \_\_\_\_\_

Major \_\_\_\_\_ Year of study (1-4) \_\_\_\_\_

Minor (if any) \_\_\_\_\_

**COURSE INFORMATION**
*! Copy of the unofficial transcript and supporting letter must be attached to this form!*

#	Course Abbr	Title	Number of credits
1. Overloading Course			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
<b>Total number of credits</b>			

 Student \_\_\_\_\_  
signature date

 Adviser \_\_\_\_\_  
full name and signature date

 Dean/Vice Dean \_\_\_\_\_  
full name and signature date

 Provost/VP for Academic Affairs \_\_\_\_\_  
full name and signature date

\*Please make sure not to leave blank fields. It will prevent from proceeding your form.

\*All forms should be submitted to the School Office of the student.

**Office of the Registrar use only**

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_