|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Reference No.: SPC-FO-REG-02 | | | | Effectivity Date: January 05, 2025 | Revision No.: 01 | |
| **REQUEST FOR COURSE/S OVERLOAD** | | | | | | | |
| **PROCEDURE:**   1. After filling out this form, go to your Dept. Chair for checking and evaluation. 2. Go the Registrar's Office for encoding, approval and printing of re-assessed copy. 3. In overloading of OJT with one (1) course, please attach time schedule. If more than one (1) course is to be overloaded, please attach program of study. | | | | | | | |
| NAME(Last, First, MI): | | | | | | | |
| COLLEGE: | | | | PROGRAM & YEAR LEVEL: | | | |
|  | | | | | | | |
|  | | | | | | | |
| **COURSE/S TO BE OVERLOADED** | | | | | | | |
| **Code** | | | **Title** | | | | **Unit/s** |
|  | | |  | | | |  |
|  | | |  | | | |  |
|  | | |  | | | |  |
|  | | | **TOTAL** | | | |  |
| **APPROVAL** | | | | | | | |
|  | | Dean Registrar  **STUDENT'S COPY** | | | | | |
| Department Chair | |
|  | | | | | | | |
| NAME(Last, First, MI): | | | | | | | |
| COLLEGE: | | | | PROGRAM & YEAR LEVEL: | | | |
|  | | | | | | | |
|  | | | | | | | |
| **COURSE/S TO BE OVERLOADED** | | | | | | | |
| **Code** | | | **Title** | | | | **Unit/s** |
|  | | |  | | | |  |
|  | | |  | | | |  |
|  | | |  | | | |  |
|  | | | **TOTAL** | | | |  |
| **APPROVAL** | | | | | | | |
|  | | Dean Registrar  **REGISTRAR'S COPY** | | | | | |
| Department Chair | |