

Overload Request Form
Office of the NYUAD Registrar
Phone: 971 02 628 4742 Email: nyuad.registrar@nyu.edu http://nyuad.nyu.edu/academics/registration/index.html

Please complete the information below in **print** or **type** and return to the Office of the NYUAD Registrar.

University ID: N <u>17066531</u>	Net ID <u>mp3255</u>					
Pell	Morgante	0	rion			
Last Name	First Name	Mi	ddle Name(s)			
Year: 1 st 2 nd 3 rd 4 th	Current Faculty Mentor: A	dam Ramey				
The normal course load at NYU Abu Dh January. In exceptional circumstances semester.				-		
Overload semester: Spring 2014	_ Campus: AD New York	Other	(0)	In and in a		
Requested overload course: Microeco	onomics		(Please specify	iocation)		
Reason(s) for requesting an overload (reparation for leave	e of absence			
reason(s) for requesting an overload (actuen a actunea justimeation).					
Academic Major(s) or Likely Major(s): Economics			Cumulative GPA: 3.42			
Internships, extra-curricular activities,	or other time commitments: <u>Ha</u>	ckAD (SIG)				
Other courses scheduled in the term:	Money and the Good Li	fe				
	Global Banking & Financial Markets					
	Software Engineering					
	Operating Systems					
I affirm that the above information is t without the written approval of the As			onal changes to my c	ourse sch	nedule	
Student Signature (required	H)	Date				
Mentor Signature (required	l)	Date	recommended?	□Yes	□No	
For Office Use Only					V. (05/2013)	
Final Decision: Approved	_ Denied Log Enroll	ed Notify	PPSID			