MAPÚA UNIVERSITY	**OVERLOAD AND WAIVER FORM**	Document No.: FM-RO-10-03 Effective Date: July 28, 2017

_____ QUARTER, AY _____

NAME : _____
Last First Middle

STUDENT NO. : _____ PROGRAM/YEAR : _____

CONTACT NO. : _____ CANDIDATE ON : _____

REQUEST FOR STUDY OVERLOAD

PROGRAMMED STUDY LOAD

_____ QTR, AY _____		**_____ QTR, AY _____**		**_____ QTR, AY _____**	
COURSES	**UNITS**	**COURSES**	**UNITS**	**COURSES**	**UNITS**
TOTAL		**TOTAL**		**TOTAL**	
				TOTAL UNITS REMAINING :	

PREREQUISITE AND ADVANCED COURSES TAKEN SIMULTANEOUSLY

PRE-REQUISITE COURSE/S	**GRADE AND STATUS**	**DATE OF COMPLETION AND ACTION**	**ADVANCED COURSE**	**REMARKS**

I wish to take the above listed prerequisite and advanced courses simultaneously.

I fully understand that should I fail the prerequisite course listed above, I will not receive any credit for the corresponding advance course in conformity with the MAPÚA RULES AND REGULATIONS.

I attest to the fact that I have no more than thirty four (34) units left for me to qualify for graduation. However, in the event that records of the Office of the Registrar indicate otherwise, I hereby authorize and do hereby agree that the Program Section Chief shall drop course(s) from my student load for this quarterm to comply with the University's policy on the maximun number of unit a student is allowed to take in a particular quarterm.

_____
Student's Signature/Date

Recommending Approval/Date:

Approved by/Date:

_____ _____
Dean/Subject Chair University Registrar