

UNIVERSITY OF THE PHILIPPINES MINDANAO
UNDERLOAD/OVERLOAD FORM

Request to Register more/less than _____ (non-lab/with lab)
units for _____ Semester, 20 ____ - 20 ____

Full Name: _____
Student No.: _____ Course: _____
Total No. of Units to be Registered: _____
Classification: _____

REASON FOR REQUEST

- Graduating
 Others (Specify) _____

Student Signature

RECOMMENDING APPROVAL

Adviser College Sec

Dept. Chair Class Standing as of
(Signature over Printed Name) last enrollment

APPROVED/DISAPPROVED

Dean

Student's Copy

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Department's Copy

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College Secretary's Copy

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Registrar's Copy