REQUEST TO:  [ ] OVERLOAD  [ ] UNDERLOAD

REASON FOR REQUEST (put an "X" mark on the applicable reason for request)

[ ] Graduating: [ ] this ____________ Semester, AY ______________.
[ ] No other available section/course to fit my schedule.
[ ] Others (specify) ____________________________________________

(Note: Follow the numeric sequence in securing the signatures of the Administrators.)

Certified Correct: ________________________ Endorsed: ________________________

1. Registration Adviser  2. Department Chair/Program Coordinator

Recommending Approval / Disapproval: Approved / Disapproved:

3. College Secretary  4. Dean

UNIVERSITY OF THE PHILIPPINES MINDANAO
UNDERLOAD / OVERLOAD FORM

Surname, Given Name, Middle Initial  Student Number  Yr. Level/Course

Academic Standing as of last enrolment  Curriculum Prescribed Load

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