

UNIVERSITY OF THE PHILIPPINES MINDANAO
UNDERLOAD / OVERLOAD FORM
 Semester _____, AY _____

Surname, Given Name, Middle Initial	Student Number	Yr. Level/Course
Academic Standing as of last enrolment	Curriculum Prescribed Load	

REQUEST TO: **OVERLOAD** _____
 (Total Number of Units to be Registered)

UNDERLOAD _____
 (Total Number of Units to be Registered)

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

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