



OFFICE OF THE COLLEGE SECRETARY

College of Social Sciences and Philosophy

University of the Philippines Diliman

APPLICATION FOR OVERLOADING

Semester/Midyear, A.Y. 20 ____ - 20 ____

Name: _____ Student No.: _____

Degree and Major: _____ Year Level: _____

Total number of units to enroll this Semester _____ Total number of units remaining excluding this semester _____

Reason/s for Overloading

Please indicate the courses and their respective grades for the last two semesters you enrolled

____ SEMESTER, 20 ____ - 20 ____		____ SEMESTER, 20 ____ - 20 ____	
COURSE	GRADE	COURSE	GRADE

I certify on my honor that the above information is true and correct.

 Signature of Student

 Date Signed

Recommending Approval:

ACTION: APPROVED / DISAPPROVED

 Adviser (Printed Name and Signature)

 College Secretary