



PETITION FOR COURSE OVERLOAD

9001 Stockdale Highway – 30BDC
Bakersfield, California 93311

661.654.2441 | 661.654.2447 (f)
extended.csub.edu

TERM: Fall Spring YEAR: _____
 Summer Winter YYYY

CSUB STUDENT #: _____

FIRST: _____ M.I.: _____ LAST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE: _____ EMAIL: _____

MAJOR: _____ LEVEL: Undergraduate Graduate CURRENT CSUB GPA: _____

I have been a full-time student at least one quarter preceding the requested overload: Yes No

This is a request that I be permitted to take a unit load of _____ units for the _____ term of _____ for the following reasons:
of units semester year

SIGNATURE: _____ DATE: _____

APPROVED **DENIED**

Faculty Advisor (print): _____ Signature (required): _____

Comments: _____

OFFICE USE ONLY	
Received By: Initials & Date	Processed By: Initials & Date