



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 YYY

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