



LPU

LYCEUM OF THE PHILIPPINES UNIVERSITY
MANILA · MAKATI · BATANGAS · LAGUNA · CAVITE

FM-LPU-REGO-26/04

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REQUEST FOR OVERLOAD

_____ Semester, SY _____ Date _____

Name : _____

Course / Year : _____ Student No. _____

Reason for Overloading: _____

REGULAR LOAD:	SUBJECTS	UNITS	TIME/DAY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OVERLOAD:	SUBJECTS	UNITS	TIME/DAY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL LOAD: _____

Signature of Student

Recommended by:

Dean

Approved by:

GERALDINE D. DE ERIT
University Registrar