



**LAGUNA UNIVERSITY**

**Registrar's Office**

Laguna Sports Complex, Brgy. Bubukal, Santa Cruz, Laguna  
Tel. No. (049) 576-4359

REQUEST FOR OVERLOAD					
DATE OF FILING:		TERM: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> Mid-Year, A.Y.			
PERSONAL INFORMATION			ACADEMIC INFORMATION		
LAST NAME		STUDENT NO.			
FIRST NAME		PROGRAM			
MIDDLE NAME		YEAR			
CONTACT INFORMATION					
MOBILE NO.		EMAIL ADDRESS:			
EVALUATION					
GWA:		ADDITIONAL NUMBER OF UNITS REQUESTED		ACTUAL LOAD/UNITS AFTER ADJUSTMENT	
COURSES TO BE ADDED:	COURSE CODE:	SECTION	REMARKS		
ACTION TAKEN					
Recommended by:	Endorsed by:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Encoded by:	
<b>Program Chair</b>	<b>Dean</b>	<b>Registrar</b>		<b>Registrar's Staff</b>	
Signature over Printed Name	Signature over Printed Name	Signature Over Printed Name		Signature over Printed Name/Date	
<p><b>Notes:</b> The study load and sequence of courses shall be in accordance with the approved curriculum program.</p> <p><b>DATA PRIVACY CONSENT:</b></p> <p><i>I hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the established guidelines of Laguna University</i></p> <p><i>Further, I agree to collection and processing of my data for the purpose of processing request for overload at Laguna University. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations</i></p> <p><b>Student</b> Signature over Printed Name/Date</p>					

Please prepare this form in 2 copies (Registrar's Copy and Student's Copy)