**PLATT** *COLLEGE*

_____

Student's Name: _____

Program: _____

Entry Date: _____

_____

I would like to request a course overload for _____ quarter because:

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I understand that taking more than _____ hours may affect my financial aid. I also understand the heavy work load of overloading in my courses.

Student Signature: _____

Date: _____

Registrar Signature: _____

Date: _____

Financial Aid Signature: _____

Date: _____