

UOC Overloading Form

School of Electrical Engineering and Telecommunications

Student Number: _____ Program Code: _____

Family Name: _____ Given Names: _____

** Please note that students normal load per session is 24uoc. You need to fill out this form to get permission to overload more than 24uoc.*

The course you wish to enroll with overloading:

Course Code	Course Name	Prefer tutorial class number	Prefer lab class number

Have you attempted this course before? Yes/No _____ If Yes, what was your result: _____

Your current academic standing: Good Probation Return from suspension

The total UOC that you would be overloading to: UOC: _____ in Session: _____ Year: _____

Your overall current WAM: _____

Reasons for overloading:

Student's signature: _____ **Date:** _____

For office use only

Approval by Director of Academic Studies: Yes No

Comments: _____

Signature of Director of Academic Studies: _____ **Date:** _____

Student enrolled: Yes / No Student notified by e-mail: Yes / No

Name of School Office staff: _____ staff's signature: _____ Date: _____