

**COLLEGE OF VETERINARY MEDICINE
University of the Philippines Los Baños**

OVERLOAD PERMIT

(_____ Semester _____ Summer Year _____)

Name: _____ Curriculum: _____ Student No.: _____

Total No. of units earned: _____ Academic status in previous semester: _____ Prescribed No. of units: _____

Reason(s) for requesting to register more than the prescribed no. of units:

Graduating within a year

With backlog for the past 1-2 semesters/ to avoid MRR*

(*Note: Academic standing of student in previous semester must be good.)

Meritorious (running for honors; to finish in 3 ½ years)

Subjects & units to be added: _____

Total Units requested: _____

Student's Signature

Date

Recommending Approval:

Adviser (signature over printed name)

APPROVED ON THE CONDITION THAT THE STUDENT WILL NOT DROP ANY SUBJECT.

College Secretary (For the Dean)

Date