



**APPLICATION FOR OVERLOADING (AFO)
FOR GRADUATING STUDENTS ONLY**

FS / SS / MYT 2 0 ____ - 20 ____

NAME: _____ Student No. _____ Course _____
(Signature over Printed Name)

Total No. of Units Requested: _____

SCHOLASTIC STANDING:

Semester	G.W.A.	Certified by:
_____ Sem., _____ - _____	_____	_____
_____ Sem., _____ - _____	_____	_____
(Current) _____ Sem., _____ - _____	_____	_____

(Please attach checklist)

CONSENT OF ADVISER: _____ DATE: _____
(Signature over Printed Name)

APPROVED/DISAPPROVED: _____
College Secretary

ahi.mvt.sro.9/16/16



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