



## Excellence, Innovation, Productivity

OFFICE OF THE REGISTRAR

EMAIL the REGISTRAR: [laura@shjc.edu.bz](mailto:laura@shjc.edu.bz), [melissa@shc.edu.bz](mailto:melissa@shc.edu.bz)

Or visit Our Website: <http://www.shjc.edu.bz>

### APPLICATION FOR AN ACADEMIC OVERLOAD

**Instructions:** Please provide the information requested in print, and return the completed application to the Office of the Registrar.

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID	
PROGRAM		TODAY'S DATE (DD/MM/YYRR)		
SEMESTER (Check one)	Semester 1	Semester 2	Summer	Academic Year 20__ - 20__
OVERLOAD COURSE CODE		OVERLOAD COURSE TITLE		

REASON FOR REQUEST:

---

---

---

Information to be obtained from the Registrars Office:

Cumulative GPA: \_\_\_\_\_

Choose one:

- Full Time Student
- Part Time Student

Registrar/Asst. Registrar's Signature: \_\_\_\_\_

Department

Head's Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

For Official Use ONLY by Registrar:

Approved  
Not Approved

Comments: \_\_\_\_\_

---

---

Date: \_\_\_\_\_

Registrar/Asst. Registrar's Signature: \_\_\_\_\_

