Colegio de San Juan de Letran
151 Muralla Street, Intramuros, Manila, 1002 Philippines
Tel. No.: 8527-7693 to 97 loc. 331-335 Telefax: 82514179
Email: registrar@letran.edu.ph * Website: http://www.registrar.letran.edu.ph

COLLEGIATE OVERLOAD FORM

OFFICE OF THE REGISTRAR

I. STUDENT INFORMATION

Name: _____ Student No.: _____

Course: _____ Year: _____

I hereby request to enroll in the following subjects this coming:
( ) 1st semester ( ) 2nd semester ( ) Midyear of the Academic Year 20____ - 20____.

II. REQUEST FOR OVERLOAD

	Subjects	Section	Units	Day	Time
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Regular Load : _____

Overload : _____

Total No. of Units : _____

Checked by:

_____
Signature over-printed name of student / Date

_____
Program Evaluator

Endorsed by:

_____
Dean

Approved by:

_____
Registrar