



Overload Petition

California State University, Bakersfield
School of Business and Public Administration
9001 Stockdale Highway
Bakersfield, California 93311-1022
Tel. (661) 654-2326 Fax. (661) 654-3438

CSUB ID#: _____

Name: _____
Last First M.I.

Phone: _____ E-mail: _____

Class Level:

	Senior
	Post- Baccalaureate
	Graduate

 Major: _____
Concentration: _____
CSUB GPA: _____

This is a request to take an overload, bringing my total hours to _____ units during the _____ (Semester & Year) quarter for the following reasons:

Proposed Schedule: Term: Term:

I am graduating within two semesters.
 Yes No

Petitioner's Signature: _____ Date: _____

Academic Advisor: Support Conditionally Support Oppose

Comments: _____

Academic Advisor's Signature: _____ Date: _____
(Required)

Associate Dean: Approved Conditionally Approved Denied

Comments: _____

Associate Dean's Signature: _____ Date: _____

For Office Use Only:	Processed By:	Date:
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