

TARLAC STATE UNIVERSITY OFFICE OF ADMISSION AND REGISTRATION Tarlac City, Philippines

REQUEST FOR ACADEMIC OVERLOAD/WAIVER OF PRE-REQUISITES

Overloading

Waiver of Pre-requisites

Date:

Director, ORA This University

Dear Sir/Madam,

Please allow me to enroll _____ units this _____ Semester, S.Y. __ in _

____Semester, S.Y. _______to enable me to complete the academic requirements for the degree ______and graduate in ______. My program of studies is shown below.

FIRST SEMESTEI	R, S.Y			
COURSE CODE DESCRIPTIVE TITLE		UNITS		Prerequisite(s)
	Lec	Lab		
	Total Number of Units			

SECOND SEMESTER, S.Y					
COURSE CODE		UI	NITS	Prerequisite(s)	
COOKSE CODE		Lec	Lab		
!	Total Number	er of Units			

MIDYEAR/SUMMER, S.Y				
COURSE CODE DESCRIPTIVE TITLE	UNITS		Prerequisite(s)	
		Lec	Lab	Trerequisite(5)
	Total Number of Units			

I shall abide by the rule on prerequisites (in the event that a student obtains a failing grade in a subject which is a prerequisite of a concurrently enrolled subject, the student automatically will obtain a failing grade in the latter regardless of the student's class standing in the subject) and ensure that there is no conflict in the schedule of the subjects enrolled.

Attached herewith is my duly certified Academic Program Evaluation.

I am hoping that this request merits your kind approval.

Very truly yours,

Name and Signature of Student	Dean
Student Number:	College:
Recommending Approval:	
	Feedback/Remark (for OAR use only)
Chairman Department:	Reg. Load Overload Total
Approved:	
Director, OAR	
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