

LYCEUM OF THE PHILIPPINES UNIVERSITY

Manila Makati Cavite

Student Records Management Department
(Office of the University Registrar)

APPLICATION FOR OVERLOAD

Name _____
Course: _____ Major: _____ Student No. _____
Probable Date of Graduation: _____

SUBJECTS TO BE ENROLLED THIS SEMESTER/TERM

Subject Code	Subject Title	Units

Sub-Total: _____

SUBJECT(S) BEING REQUESTED AS OVERLOAD

Subject Code	Subject Title	Units

Sub-Total: _____

Total units including overload _____

By affixing my signature on this form, I hereby acknowledge and certify that I have carefully read and understood the terms and conditions of the Data Privacy Policy of the Lyceum of the Philippines University (LPU). By providing personal information to LPU, I am confirming that the data is true and correct. I understand that LPU reserves the right to revise any decision made on the basis of information I provided should the information be found to be untrue or incorrect. I likewise agree that any issue that may arise in connection with the processing of my personal information will be settled amicably with LPU before resorting to appropriate arbitration or court proceedings within the Philippine jurisdiction. Finally, I am providing my voluntary consent and authorization to LPU and its duly authorized representatives to lawfully process my / my child's data information.

Date Filed

Signature Over Printed Name of Student

Evaluator's Assessment:

Qualified to take _____ units overload

The student has _____ units left in the curriculum (excluding the subjects enumerated above)

Remarks (if any) _____

Evaluator's Signature

Approved by:

Dean

University Registrar