



University of Toronto
FACULTY OF ARTS AND SCIENCE

REQUEST TO TAKE A COURSE OVERLOAD

Name _____ Student Number _____
Telephone Number _____

Session for which overload is requested (e.g. 95Winter) _____

Reason for overload: _____

Sessional GPA: _____ Cumulative GPA: _____

Courses to be taken in overload session (list course number, section and time):

Course number	Section	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that the above program of courses exceeds the maximum normally permitted in the Faculty of Arts and Science. I undertake this course overload at my own risk and am fully aware that I may not request special consideration due to a heavy workload. I am also aware that it is my responsibility to observe the deadlines for dropping courses.

_____ date _____ signature

Request approved/not approved _____
Signature of Registrar _____

Notes/Conditions _____

