



**CALIFORNIA TRINITY UNIVERSITY**

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## **OVERLOAD AND REDUCED COURSE LOAD REQUEST FORM**

Date: \_\_\_\_\_

Name			
	Last Name	First Name	Middle Initial
Student ID			
Program	<input type="checkbox"/> MBA      Concentration _____		
Quarter Requested	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall		Year _____
Request Type	<input type="checkbox"/> Reduced Course <input type="checkbox"/> Course Overload		
If applying for Reduced Course	<b>Specify Reason/s</b> <p> <input type="checkbox"/> Completing the program of study in the current quarter.  <input type="checkbox"/> English Language and/or reading difficulties.  <input type="checkbox"/> Unfamiliar with U.S. teaching style (applicable for the 1<sup>st</sup> Quarter only)  <input type="checkbox"/> Improper course level placement (granted once per degree level)  <input type="checkbox"/> Health issue: provide supplemental documents (eg. Medical Certificate)  <input type="checkbox"/> Others, specify reason _____         </p>		
If applying for Course Overload	<b>Specify Reason/s</b> <p> <input type="checkbox"/> Complete the program earlier.  <input type="checkbox"/> Make-up for quarter/s on-leave.  <input type="checkbox"/> Others, specify reason _____         </p> <p><b>Employment Commitments</b></p> <ul style="list-style-type: none"> <li>• Please assess your employment and other commitments when requesting course overload. Refer to the School Catalog regarding <u>Academic Load and Employment</u>. Specify employment and other commitments for the quarter of the overload: _____</li> <li>• Intend to apply for CPT this quarter? [ <input type="checkbox"/> Yes <input type="checkbox"/> No ]</li> </ul>		

<b>Please list your proposed course schedule in the space provided below</b>		
Course Number	Course Title	Credit Units
<b>Total Credit Units →</b>		

Student Name	Signature	Date
<i>This section to be completed by Student Services and approved either by the CAO or the Director for International Student Services (See Approval Note):</i>		
Academic Performance	Academic Standing: [ <input type="checkbox"/> Good-Standing <input type="checkbox"/> Probation ]   Meets SAP[ <input type="checkbox"/> Yes <input type="checkbox"/> No ]	
Approval Note <u>CAO</u> for Course Overload <u>(P)DSO</u> for Reduced course	<input type="checkbox"/> I certify and approve the reduction in course load for the quarter applied for. <input type="checkbox"/> I certify and approve the course overload request for the quarter applied for. <input type="checkbox"/> I Disapprove the request for (Course overload/Reduced course) for the following reason: _____  _____	

Chief Academic Officer <i>James Kang</i>	Signature	Date
Director for International Student Services	Signature	Date