



CALIFORNIA TRINITY UNIVERSITY

2333 Beverly Blvd. Los Angeles, CA 90057

Web: <http://www.catu.edu>

Email: [admin@catu.edu](mailto:admin@catu.edu)

Tel: (213) 484-4440 Fax: (213) 402-6838

# OVERLOAD AND REDUCED COURSE LOAD REQUEST FORM

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

Name	_____ <i>Last Name First Name Middle Initial</i>		
Student ID	_____	SEVIS 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> <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 _____		
If applying for Course Overload	<b>Specify Reason/s</b> <input type="checkbox"/> Complete the program earlier. <input type="checkbox"/> Make-up for quarter/s on-leave. <input type="checkbox"/> Others, specify reason _____ <b>Employment Commitments</b> • 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: _____ _____ • Intend to apply for CPT this quarter? [ <input type="checkbox"/> Yes <input type="checkbox"/> No ]		

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

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