

California Lutheran University
Adult Degree Evening Program (ADEP)
COURSE OVERLOAD REQUEST

Name: _____ Date: _____

Home Address: _____

Phone: _____ CLU ID: _____

LIST ALL COURSES YOU'RE REQUESTING TO ENROLL IN FOR TERM:

Course: EX; BUS 367 _____ Course: _____

Course: _____ Course: _____

Course: _____ Course: _____

Total # of Credits: _____ Term: _____

Reason: _____

I understand that ADEP recommends registering for no more than two courses in a term. I also understand that withdrawal from any of these courses after the financial or academic withdrawal dates because I am unable to keep up with the workload is NOT justification for an exception to the withdrawal policies.

Student's Signature: _____

Advisor's Signature: _____

	<i>Do not write in this area</i>	
Approved	Comments: _____	
Denied	_____	
Cum. Credit: _____	Cum. GPA: _____	Current ADEP Credits: _____
ADEP Director's Signature: _____		Date: _____