

Victor Valley College

PETITION FOR OVERLOAD OF UNITS

Name: _____ ID# _____

Address: _____ Phone: _____

_____ Date of Request: _____

Term/Year: _____ Unit Total: _____

*(Petition applies to current registration term only)***Petitions for overloads are considered only when each of the following applies:**

1. The student has completed at least two semesters of full-time college class work at VVC or elsewhere.
2. The student's cumulative GPA is at least 3.0
3. The overload schedule is comparable in discipline and content to the classes in which the 3.0 GPA average was earned.

List ALL the course names, section numbers, and units for classes to be included in the overload

<u>Course Name</u>	<u>Section #</u>	<u>Units</u>	<u>Course Name</u>	<u>Section #</u>	<u>Units</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

State the reason for the petition request below and why it should be granted.

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(FOR OFFICE USE ONLY)

<u>Approved</u>	<u>Denied</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments:
