

Great Lakes Adventist Academy
OVERLOAD STUDY REQUEST

Name:	Grade:
Overload Units Requested:	School Year:

Please list ALL classes requested and unit each is worth.

NAME OF CLASS	FIRST SEMESTER	SECOND SEMESTER	UNITS
(Example:) Health	x		½
TOTAL UNITS:			

Reason for Overload Request:
Student Signature:

For Office Use Only	
Committee Comments:	
Approved:	Denied: