## Great Lakes Adventist Academy

## OVERLOAD STUDY REQUEST

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  TOTAL UNITS:  Reason for Overload Request:  Student Signature:  For Office Use Only Committee Comments:	Name:		Grade:		
NAME OF CLASS  FIRST SEMESTER  SECOND SEMESTER  UNITS  (Example:) Health  x  /2  TOTAL UNITS:   Reason for Overload Request:  Student Signature:	Overload Units Requested:		School Year:		
NAME OF CLASS  FIRST SEMESTER  SECOND SEMESTER  UNITS  (Example:) Health  x  /2  TOTAL UNITS:   Reason for Overload Request:  Student Signature:					
(Example:) Health x 1/2  TOTAL UNITS:  Reason for Overload Request:  Student Signature:	Please list ALL classes requested and unit each is worth.				
Reason for Overload Request:  Student Signature:  For Office Use Only	Name of Class	FIRST SEMESTER	SECOND SEMESTER	Units	
Reason for Overload Request:  Student Signature:  For Office Use Only	(Example:) Health	X		1/2	
Reason for Overload Request:  Student Signature:  For Office Use Only					
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Reason for Overload Request:  Student Signature:  For Office Use Only			TOTAL UNITS:		
Student Signature:  For Office Use Only					
Student Signature:  For Office Use Only	Reason for Overload Request:				
For Office Use Only	Reason for Sverioau Request.				
For Office Use Only					
For Office Use Only					
	Student Signature:				
Committee Comments:	For Office Use Only				
II					
Approved: Denied:	Approved:	Denied:			