

## TARLAC STATE UNIVERSITY OFFICE OF ADMISSION AND REGISTRATION Tarlac City, Philippines

## REQUEST FOR ACADEMIC OVERLOAD/WAIVER OF PRE-REQUISITES

	Ove	erloading	Waiver of Pre-requ	iisites			
Director, OAR This University						Date: _	
Dear Sir/Madam,							
Please allow me to in	enroll units this Semester, S	S.Y _ and graduate in	to enabl N	e me to complete My program of st	e the ac	cademic red s shown be	quirements for the degree low.
FIRST SEMESTE	R, S.Y						
COURSE CODE		CRIPTIVE TITLI		-	Lec	NITS Lab	Prerequisite(s)
			Total Num	ber of Units			
SECOND SEMES COURSE CODE	TER, S.Y			Т	UN	NITS	Drove avioite (s)
COURSE CODE	DES	CRIPTIVE TITLI	<u>-</u>		Lec	Lab	Prerequisite(s)
			Total Num	ber of Units			
MIDYEAR/SUMM	ER, S.Y					NITS	
COURSE CODE	DES	CRIPTIVE TITLI	E		Lec	Lab	Prerequisite(s)
			Total Num	ber of Units			
enrolled subject,	the rule on prerequisites (in the even the student automatically will obtain a fa onflict in the schedule of the subjects	illing grade in the					
	is my duly certified Academic Program						
I am hoping that t	his request merits your kind approval.						
Very truly yours,							
No	ma and Cimpature of Ctudent	_					
Student Number:	me and Signature of Student						
Recommending A		_					
Denartment:	Chairman College:			College:	Dean		
Department:				Conege:			
Approved:							
	Director, OAR	_					
Form No.: TSU-O	AR-SF-26 Revision No: 00	Effectivity Dat	e: January 31, 2024			P	age 1 of 1