

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

REQUEST FOR ACADEMIC OVERLOAD/WAIVER OF PRE-REQUISITES

Director, ORA This University					Date:	
Dear Sir/Madam,						
Please allow me to	enroll units this _	Semester, S.Y.	to enable	to enable me to complete the academic requirements for the degree		
		and gradua				
FIRST SEMESTE	R, S.Y					
COURSE CODE		DESCRIPTIVE T		Lec	JNITS Lab	Prerequisite(s)
			Total Num	ber of Units		
SECOND SEMES	STER, S.Y	<u>.</u>				
COURSE CODE		DESCRIPTIVE T	ITLE	Lec	JNITS Lab	Prerequisite(s)
					_	
			Total Num	ber of Units		
MIDYEAR/SUMM	FR S Y					
COURSE CODE					JNITS	Prerequisite(s)
				Lec	Lab	
				ber of Units		
enrolled subject,	the student automatica	ites (in the event that a stude lly will obtain a failing grade in a failing drade in a failing be of the subjects enrolled.				
Attached herewith	is my duly certified Ac	ademic Program Evaluation.				
I am hoping that t	his request merits your	kind approval.				
Very truly yours,						
Na	me and Signature of St	udent				
Student Number:						
Recommending	Approval:					
Chairman Department: Colle			College:	Dean Je:		
_						
Approved:						
	Director, ORA					
Form No.: TSU-O	RA-SF-26 Revision	No: 00 Effectivity	Date: September 1, 2022		F	Page 1 of 1