

Petition to Register for Overload

Name:		UID:			
Class Year:	Option:	Advisor Name:			
Caltech Email:		Cell Phone:			
Pronouns (optional):	Petition is for (Petition is for (term/year):/		
An Overload is def All information pro Your petition for ar	vided on this form is PRIVATE	han 51 units 15 academic units (fall & winter) or 5 and will only be shared with those we e week before Add Day for the term.			
List the course(s) i	n which you are currently reg				
	Subject (List Title of Course)	Course Number	Section	Units	
Tink additional and	1		Total Units:		
List additional courses desired: Subject (List Title of Course)		Course Number	Section	Units	
	# 0	Grand Total of Un of Academic Units (Freshmen On			
Explain why you r	need an overload for this term.	(Attach a separate sheet of paper i	if necessary.)		
☐ Recommend	☐ Do not recommend	Signature of Advisor		D	
☐ Approve	☐ Deny this petition	<u> </u>			
		Signature of Dean/Associat	e Dean	Da	

Rev. 12/2023