



Galen University

Office of the Registrar • 62½ Western Highway • Cayo District • Belize
(501) 824 - 3226 • Fax: (501) 824 - 3723

Request for Course Overload

Student Name: _____

Student ID Number: _____

Current GPA: _____

Course(s) Requested: _____

Semester/Year: _____

Reason for Overload Request:

Student Signature: _____

Date: _____

Advisor: Signature _____

Date: _____

_____ Approved _____ Not Approved

Provost: Signature _____

Date: _____

_____ Approved _____ Not Approved