

FACULTY OF PHYSICAL EDUCATION AND HEALTH
University of Toronto

REQUEST TO TAKE A COURSE OVERLOAD

Name _____ Student Number _____
 Phone _____ Session for which overload is requested (e.g. 19999) _____
 Reason for overload: _____

Sessional Average: _____ Cumulative Average: _____
All courses to be taken in overload session (list course number, section and time):

Course Number	Title	Section Code	Meeting Section	Time

(use back of page for additional courses if necessary)

I understand that the above program of courses exceeds the maximum normally permitted in the Faculty of Physical Education and Health. I undertake this course overload at my own risk and am fully aware that I may not request special consideration due to a heavy workload. I am also aware that it is my responsibility to observe the deadlines for dropping courses.

_____ date _____ signature

Request: approved not approved: _____
Signature Date

Notes/Conditions: _____

