

PHILOSOPHY DEPARTMENT USE ONLY	Cleared:	810# _____	SCHOOL: GRADUATE	SEMESTER: _____	DEGREE OBJECTIVE: _____						
						MAJOR: _____					
		NAME _____			Department Abbreviation	No. of Course	Call Number	Hours Credit	Time	Days	Professor
		Last	First	Middle/Maiden							
		CURRENT ADDRESS _____									

		Local Phone	City	State	Zip Code						
		Complete the section below for:									
		Overload or under load request									
		Total hours for which student wishes to enroll this quarter: _____									
		Student's grade point average: _____									
		Number of hours of "incompletes" on student's record _____									
		Justification for overload/underload: _____									
		Date _____ Approvals: Advisor/Major Prof. _____									
								TOTAL CREDITS			
								Do not include Alternates			
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