



Overload Petition

California State University, Bakersfield
Office of Admissions and Records
9001 Stockdale Highway | Bakersfield, CA | 93311-1022
(661) 654-3036 | Fax (661) 654-3389

Petitioner's Name _____ CSUB ID #: _____
Last First M.I.

This is a request that I be permitted to take a load of: _____ units for the _____
quarter for the following reasons: _____

My Major is _____ Present CSUB grade point average _____
Class Level _____

I have been a full-time student at least one quarter preceding the requested overload Yes No

Petitioner's Signature _____ Date: _____

Faculty Advisor's signature: _____
(Required)

Comments: _____

Approved Denied

Dean of Major signature: _____
(Required)