COASTLINE COMMUNITY COLLEGE
EXTENDED LEARNING DIVISION
MILITARY & CORPORATE PROGRAMS
COASTLINE.EDU/ELD • 866.422.2645

PETITION FOR OVERLOAD

The Military and Corporate Programs at Coastline Community College limits students to no more than 9 credits/ semester hours (SH) per 8-week session, and 9 overlapping credits/SH in self-paced courses. Students wishing to enroll in more than 9 credits/SH will be required to submit a ***Petition for Overload*** *and* ***must have a minimum grade point average (GPA) of 3.0 at all colleges attended****. Students must confirm that copies of transcripts from all other colleges attended have been received by Coastline.*

I, _____, am submitting this Petition for Overload for the following session:
(Print Name)

Year _____ Semester/Session: Summer

I am enrolled in (allowable credits/semester hours):

Subject/Number	Credit/SH	Course Start Date
ANTH C100	3.0	01/29/18

1. _____
2. _____
3. _____
4. _____

I petition to enroll in (overload credits/semester hours):

Subject/Number	Credit/SH	Course Start Date
1.		
2.		
3.		

The Military and Corporate Programs will be contacting you by telephone or e-mail to discuss your request. Your petition will not be approved until we communicate with you.

It is your responsibility to drop or withdraw from a course according to program requirements and deadlines.

By signing below you understand that taking more than 9 credits/SH during an 8-weeks session or 12-weeks self-paced session is challenging and you understand that ***no special privileges***, ***extensions or TA refunds will be granted*** to accommodate the extra workload.

Student ID #	Student Signature	Date
Day Phone	Evening Phone	Email Address

Overload policies pertaining to Tuition Assistance differ between each branch of service. Please contact your TA-issuing office for additional branch-specific information.

Please FAX to 714-241-6324 or scan and email to miguray@coastline.edu

For Office Use Only: [ ] Approved/No. of credits/SH approved: _____ [ ] Not Approved Combined GPA: _____

Signature of Approving Official: _____ Date: _____

Comments: _____