

HAWAI'I COMMUNITY COLLEGE

Admissions & Registration Office
1175 Manono Street
Hilo HI 96720
Phone: (808) 934-2710

Semester (Check one)	
<input type="radio"/> Fall	_____
	Year
<input type="radio"/> Spring	_____
	Year

STUDENT . OVERLOAD REQUEST FORM

Date: _____

Name: _____
Last First MI

UH Number/Username: _____
(do not use Social Security number)

Please increase the maximum number of credit hours allowed on my registration record to _____ credits. I have consulted with a Hawai'i Community College counselor/advisor, and I fully understand the additional demands an increased credit load will place on my time, effort and finances.

Student Signature

Date

Counselor/Advisor Signature

Date