

HAWAI'I COMMUNITY COLLEGE

Admissions & Registration Office

200 West Kawili Street

Hilo HI 96720-4091

Phone: (808) 934-2710

Semester (Check one)

Fall _____
Year

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