



PERMIT TO UNDERLOAD

This is to certify that _____ is allowed to enroll in a total academic load of only _____ units this _____ semester of Academic Year _____ based on the following reasons:

Reasons	Documents to be attached before approval of College Secretary	✓
Graduating	None Required	
Medical/Health	Medical Certificate from Doctor	
Employed	Certificate of Employment	
No Other Classes Available	Photocopy of Latest Pertinent CRS Status	

WARNING: ENROLLING IN LESS THAN 15 UNITS IN ANY SEMESTER MAY DISQUALIFY A STUDENT FROM GRADUATING WITH HONORS.

Permit Requested by:

Name of Student	Signature	Student Number	Date
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Recommended by:

Approved by:

_____	_____	_____	_____
Name & Signature of Adviser		College Secretary	



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