# Overload Application Form

*Please read this in conjunction with the* [*Enrolment Policy*](https://divinity.edu.au/documents/enrolment-policy/) *and* [*Support for Students Policy*](https://divinity.edu.au/documents/support-for-students-policy/)*.*

1. *The Overload Application Form is to be completed by the Course Advisor in conjunction with the student.*
2. *Approval to overload is complete only when the Course Advisor has approved and signed the Overload Application form.*
3. *The overload application is held on the student’s file at the College/School.*
4. *Applications must be submitted to the Course Advisor with the student’s re-enrolment form before the first day of the semester in which the student plans to overload.*

## Student’s Personal and Course Details

|  |  |  |  |
| --- | --- | --- | --- |
| UD Student ID |       | College/School ID |  |
| Title |       | Family name |       |
| First given name |       | Other given name(s) *(middle)* |       |
| Email Address |       | Mobile Number |       |
| Course |       |

## Requested Period

*Overloading requested for the following study period:*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | *Semester 1* |      (year) | [ ]  | *Semester 2* |      (year) | [ ]  | *Semester 1 & 2* |      (if in the same year) |

List all units you plan to study this semester.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unit code | Unit name | Points | Start date | End date |
|       |       |    |       |       |
|       |       |    |       |       |
|       |       |    |       |       |
|       |       |    |       |       |
|       |       |    |       |       |

## Student Declaration

|  |  |  |
| --- | --- | --- |
| I understand that | [ ]  | I may not apply for special consideration or request extensions due to overloading |
| [ ]  | I must continue to make satisfactory progress when overloading |
| (Overseas Student Visa holders only) | [ ]  | I understand that I must complete my course within the expected duration as stated in the Confirmation of Enrolment |
| Student signature |       | Date |       |
| Type name for electronic submission | dd/mm/yyyy |

## College/School Approval

|  |
| --- |
| Course Advisor to completeI have checked this student’s overload application, and confirm that[ ]  the student is not in the first semester of the enrolled course[ ]  the student has achieved an average of Credit or above in their previous year in this course ***Approval*** [ ]  I approve the course of the study detailed above, **or**[ ]  I do not approve of the course of the study detailed above.If approved, the Overload Note is to be entered into the Student’s Record[ ]  I verify that the note: *Student overload approved for the requested period: e.g. [Semester x, 20yy,* *initials, date]* has been entered into the student’s Paradigm Course record in the Notes field |
| Course Advisor Name |       | Signature |       | Date |   **/**  **/**     |
| ***College/School Office Administration***[ ]  Form checked for completeness and data entry entered and checked in Paradigm |
| Name |       | Signature |       | Date |   **/**  **/**     |