# 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 complete  I 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 | **/**  **/** |