



**Faculty of Engineering**  
*Department of Electrical and Electronic Engineering*

**COURSEWORK POSTGRADUATES  
APPLICATION FOR OVERLOAD FORM**

**Please Return Form to:**  
David Strover  
Room 3.22a  
3<sup>rd</sup> Floor  
Dept of Electrical and Electronic Engineering  
Building 193  
The University of Melbourne  
Phone: 8344 6925

<b>STUDENT DETAILS</b>			
Name:		Student Number:	
Address:			
Home Phone:		Daytime Phone/Mobile:	
Name of Course:			

<b>SEMESTER IN WHICH OVERLOAD REQUESTED</b>
<input type="checkbox"/> Semester One
<input type="checkbox"/> Semester Two
<input type="checkbox"/> Year

<b>SUBJECT(S) TO BE ADDED TO ENROLMENT</b>			
Subject Code	Subject Name	Points	Semester (1 / 2 / Y)

<b>SUPPORTING DOCUMENTATION</b>
I have attached to this application:
<input type="checkbox"/> All relevant academic transcripts
<input type="checkbox"/> A supporting statement

How many hours in total will this add to your current workload per week?	
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I understand that if granted permission to undertake an overloaded course I do so voluntarily, with the understanding that such an overload may adversely affect my academic results and is not normally grounds for Special Consideration, or for extension of time to complete prescribed work. I further understand that if the Department and the Faculty approves my request, it is not recommending that the overload be undertaken, and voluntarily undertaking such an overload may not be considered as a reason for unsatisfactory progress if I am requested to appear before a Progress Committee.

<b>STUDENT SIGNATURE</b>	
Student Signature:	Date:

<b>COURSE ADVISOR'S RECOMMENDATION</b>	
Is the student's request supported?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:	
Is an interview with, or further information from, the student required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:	
Course Advisor's Signature:	Date:

<b>Department Office Use Only:</b>	
<input type="checkbox"/> Student interview not required	
<input type="checkbox"/> Student interview / further information arranged	Date: _____ Time: _____
Student interview held and application supported?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Faculty Office Use Only:</b>	
<input type="checkbox"/> Entered on Merlin	
Administrative Signature:	Date: