



*American University  
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**Administrative Services Center**

**CREDIT OVERLOAD APPROVAL FORM**

Student's name and ID \_\_\_\_\_

**SEMESTER** Fall    Spring    **YEAR** \_\_\_\_\_

**CURRENT LOAD** \_\_\_\_\_ **Number of Extra credits to be paid for** \_\_\_\_\_ **Student's Signature** \_\_\_\_\_

**REASON FOR REQUEST (INCLUDE COURSE(S) that WILL BE ADDED):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL**

**ADVISER'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**HEAD OF STUDENT'S MAJOR DEPARTMENT** \_\_\_\_\_ **Date** \_\_\_\_\_

**SENIOR ACCOUNTANT** \_\_\_\_\_

**DIRECTOR OF ADMINISTRATIVE SERVICES CENTER** \_\_\_\_\_

*This form should be submitted to Administrative Services Center*