



# THE PRIMACY COLLEGIATE ACADEMY

## FULL LOAD AGREEMENT

Student's Name: \_\_\_\_\_ ID: \_\_\_\_\_ Level: \_\_\_\_\_

**Your GPA for the previous semester must be above 3.0 to apply for a full load schedule. Please check with your registrar.**

GPA \_\_\_\_\_ Semester \_\_\_\_\_

Registrar's signature

Current Schedule	New Schedule
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
	IS

Please write down you reason(s) for applying for a full load schedule


I hereby understand that it is my responsibility to handle a full load schedule.

\_\_\_\_\_  
Applicant (Student) / Date

\_\_\_\_\_  
Parent / Date

\_\_\_\_\_  
Registrar / Date

\_\_\_\_\_  
Principal / Date