The University of North Carolina at Pembroke
School of Graduate Studies

Overload Request Form

Directions to student: Please submit form, signed by your Program Director, to the Dean of the school of Graduate Studies.

Student Name:_____ Banner ID:_____

Address:_____ Telephone Number:_____

_____ Email Address:_____

Are you currently employed? O Yes O No If yes, how many hours per week?_____

I am requesting permission to take ____semester hours during the O Spring O Summer O Fall semester _____ (year).

Reason(s) for this request (Note: Your rationale should be more specific than just saying you want to finish your course work earlier).

_____

_____

_____

_____ _____ _____
Student Printed Name Student Signature Date

****

Please mark one: O **I approve this request.**

O **I deny this request.**

_____ _____ _____
Program Director's Printed Name Program Director's Signature Date

****

For Office Use Only:

Current Grade Point Average:_____ Date Entered in Banner:_____

Action Taken: O Approved O Denied

_____ _____
Signature of Dean, School of Graduate Studies Date

Revised: 11-2009