

**UNC PEMBROKE  
SCHOOL OF GRADUATE STUDIES  
OVERLOAD REQUEST FORM**

**TO: School of Graduate Studies**

**Name:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**I request permission to take \_\_\_\_\_ semester hours in the \_\_\_\_\_ semester for the following reasons:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(1) Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(2) a. I approve this request for an overload:** \_\_\_\_\_  
*(Program Coordinator's/Director's Signature and Date)*

**b. I do not approve this request for an overload:** \_\_\_\_\_  
*(Program Coordinator's/Director's Signature and Date)*

**(3) Expected Date of Graduation** \_\_\_\_\_

Present GPA: \_\_\_\_\_

Action Taken:

Approved Denied

Date: \_\_\_\_\_

\_\_\_\_\_  
*(Dean, School of Graduate Studies)*

**(HAVE THIS PETITION SIGNED BY YOUR PROGRAM COORDINATOR AND SUBMIT IT TO THE DEAN OF THE SCHOOL OF GRADUATE STUDIES)**