OVERLOAD REQUEST FORM

Office of the Registrar

UNCP ID: 840

TODAY’S DATE: __________

Student biographical information

<table>
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<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Suffix (Jr., II, etc.)</th>
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Home Phone: _________________________ Cell Phone: _________________________ Email: _________________________

I request permission to take ______ hours during the __________________ semester for the following reasons:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Classification (Check One): ☐ Senior (90+ Hours) ☐ Junior (60-89 Hours) ☐ Sophomore (30-59 Hours) ☐ Freshman (30< Hours)

Expected Date of Graduation: Month ______ / Year ______ Have you applied for graduation? ☐ YES ☐ NO

FACULTY /STAFF USE ONLY

Present Cumulative GPA: (to be completed by Advisor or Dept. Chair) GPA: __________

I approve the overload request: Advisor or Dept. Chair: _________________________ (Print)

                             (Signature) _________________________ Date _________________________

Dean: _________________________ (Print)

                             (Signature) _________________________ Date _________________________

APPROVED: ☐ YES X ☐ NO

Assistant Vice Chancellor for Enrollment

DATE RECEIVED APPROVED FORM IN REGISTRAR’S OFFICE: _________________________

DATE PROCESS BY REGISTRAR’S OFFICE: _________________________

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