

Overload Request Form

Mail: UNC at Pembroke
Office of the Registrar
P.O. Box 1510
Pembroke, NC, 28372

OR: Fax: 910-521-6328

UNCP ID	8	4	0						
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Student Information				
Last Name	First Name		Middle Initial(s)	Suffix (Jr., II., etc.)
Home Phone	Cell Phone		Email	
				@bravemail.uncp.edu

Overload Request Information					
Number of TOTAL hours you wish to take		Circle the semester you wish to take these hours	Fall	Spring	
			Maymester/Summer I	Summer II	
Reason for the overload request					
Classification (check one)	Senior (90+ hrs)	Junior (60-89 hrs)	Sophomore (30-59 hrs)	Freshman (30< hrs)	
Expected Graduation	Term	Year	Applied for Graduation?	YES	NO

FACULTY/STAFF USE ONLY		
Present Cumulative GPA <i>(to be completed by Advisor or Dept. Chair)</i>	GPA=	
REQUIRED SIGNATURES		
Advisor or Dept. Chair (Print)	Signature	Date
Dean (Print)	Signature	Date
Assistant Vice Chancellor for Enrollment (Print)	Signature	Date

IS THIS OVERLOAD REQUEST APPROVED OR DENIED?	APPROVED	<input type="checkbox"/>	DENIED	<input type="checkbox"/>
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REGISTRAR'S OFFICE USE ONLY	
Date Approved Form Received	STAMP HERE
Date Processed by Registrar's Office	Staff Initials