# Overload Request Form

**Mail:** UNC at Pembroke  
Office of the Registrar  
OR: Fax: 910-521-6328  
P.O. Box 1510  
Pembroke, NC, 28372  

---

**UNCP ID** 8 4 0

---

### Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial(s)</th>
<th>Suffix (Jr., II., etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Email</th>
<th>@bravemail.uncp.edu</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### 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**

<table>
<thead>
<tr>
<th>Term</th>
<th>Year</th>
<th>Applied for Graduation?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
</tr>
</tbody>
</table>

---

### FACULTY/STAFF USE ONLY

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

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
- DENIED

---

**REGISTRAR’S OFFICE USE ONLY**

**Date Approved Form Received**

**STAMP HERE**

**Date Processed by Registrar’s Office**

**Staff Initials**

---

*This publication is available in alternative formats upon request. Please contact Disability Support Services, DF Lowry Building, 910-521-6695*