

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 | | | | | | |
|---------|---|---|---|--|--|--|--|--|--|

| 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 Maymester/Summer I | Spring 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 & Major GPA (to be completed by Advisor or Dept. Chair) | Cumulative GPA= | Major GPA= |
| REQUIRED SIGNATURES | | |
| Advisor or Dept. Chair (Print) | Signature | Date |
| Dean (Print) | Signature | Date |

Once above signatures are obtained, return form to the Registrar's Office via mail, fax, or go to Brave Central, 1st Floor Lumbee Hall.

| REGISTRAR'S OFFICE USE ONLY | | | |
|--|------------|----------------|--------|
| Assistant Vice Chancellor for Enrollment (Print) | Signature | | Date |
| IS THIS OVERLOAD REQUEST APPROVED OR DENIED? | APPROVED | | DENIED |
| Date Approved Form Received | STAMP HERE | | |
| Date Processed by Registrar's Office | | Staff Initials | |