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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** | | |

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| **Overload Request Information** | | | | | | | | | | | | | | | |
| **Number of TOTAL hours you wish to take** | | | |  | | | **Circle the semester you wish to take these hours** | | | **Fall/ Fall 3 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** |  |

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| **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** |
| **Academic Affairs Designee (Print)** | **Signature** | | **Date** |