

Overload Request Form

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

Email: Registrar@uncp.edu
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/ 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		

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
Dean (Print)	Signature
Academic Affairs Designee (Print)	Signature
	Date
	Date
	Date