

Overload Request Form

The University of North Carolina at Pembroke
School of Graduate Studies

Directions to student: Please submit form, signed by your Program Director, to the Dean of the School of Graduate Studies.

Student Name: _____ Banner ID: _____

Degree: _____ Major: _____ Concentration/Specialization (if applicable): _____

Address: _____ Telephone Number: _____

_____ Email Address: _____

Are you currently employed? Yes No If yes, how many hours per week? _____

Select One: Spring Fall Summer I Summer II _____ (year).

I am requesting permission to take _____ semester hours during semester and/or summer session listed above.

List all of the courses for which you would like to register during the semester and/or summer session of this request.

Course Prefix	Course Number	Course Title
---------------	---------------	--------------

Reason(s) for this request (*Note: Make a case for your request. Provide your Program Director with sufficient information for making a decision. Your rationale should be more specific than just saying you want to finish your course work earlier.*)

--	--	--

Student Printed Name

Student Signature

Date

Please mark one: I approve this request.

I deny this request.

Program Director's Printed Name

Program Director's Signature

Date

For Graduate School Office Use Only:

Current Grade Point Average: _____ (_____ SH) Date Entered in Banner: _____ (initial)

Currently enrolled in: _____ SH

Action Taken: Approved Denied

Signature of Dean, School of Graduate Studies

Date