



UNC  
GILLINGS SCHOOL OF  
GLOBAL PUBLIC HEALTH

## Course Overload Request

Name \_\_\_\_\_ PID \_\_\_\_\_

Department \_\_\_\_\_ Term (semester/year) \_\_\_\_\_

The above names student requests authorization to course overload for a total of \_\_\_\_\_  
credit hours.

Previous semester GPA: \_\_\_\_\_

Hours enrolled in previous semester: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return this form to the Office of Student Affairs (263 Rosenau) for Dean's signature.*

OSA for Dean \_\_\_\_\_ Date \_\_\_\_\_