



Plymouth State University

Office of the Registrar
17 High St, MSC #7
Plymouth, NH 03264
Phone: (603) 535-2345
Fax (603) 535-2724

WINTERIM UNDERGRADUATE OVERLOAD REQUEST

Student Name (Please Print): _____ **Student ID:** _____

Students with a Cumulative GPA of 2.33 or higher may register for 6 credits for Winterim.

****If you wish to take more than 6 credits, you must obtain permission from the Associate Vice President for Undergraduate Studies.**

Students with a Cumulative GPA of 2.32 or lower may register for up to 6 credits for the Winterim semester with permission from the Associate Vice President for Undergraduate Studies.

I wish to take a total of _____ credits during Winterim of _____ Year

***Please secure AVP signature, if required, and present this form to the Office of the Registrar for processing.**

Student Signature _____ **Date** _____

Registrar's Office Use Only

CGPA 2.32 or less

CGPA 2.33 or higher

Signature required to register (may not take more than six credits)

Signature required only if registering for more than six credits

Cumulative Grade Point Average * _____

Signature Required: Yes No

Verified By

Date

Associate Vice President for Undergraduate Studies:

Approve Disapprove

Comments: _____

Signature

Date