



**Plymouth State University**

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

## SUMMER UNDERGRADUATE OVERLOAD REQUEST

**Student Name (Please Print):** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

Students may register for up to 9 credits for the Summer Semester. **However, if you are requesting to register for more than 9 credits**, you must secure the approval of your Academic Advisor and the Associate Vice President for Undergraduate Studies.

I wish to take a total of \_\_\_\_\_ credits during the Summer Semester of \_\_\_\_\_  
Year

\_\_\_\_\_  
**Student Signature** **Date**

\_\_\_\_\_  
**Student Account Services Office Approval Signature (Required)** **Date**

### Registrar's Office Use Only

Cumulative Grade Point Average \_\_\_\_\_

Overload Credits: \_\_\_\_\_

**Verified By** \_\_\_\_\_ **Date** \_\_\_\_\_

#### Academic Advisor:

Approve  Disapprove

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**

#### Assoc. Vice President for Undergraduate Studies:

Approve  Disapprove

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**

**\*Please secure all signatures that may be required and present this form to the Office of the Registrar for processing.**

REGISTRATION READMIT/ADMIT TERM \_\_\_\_\_ SCANNED/INDEXED