



**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

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

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

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

\_\_\_\_\_  
**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**

**REGISTRATION**

**READMIT/ADMIT TERM** \_\_\_\_\_

**SCANNED/INDEXED**