UNCCHARLOTTE

The University of North Carolina at Charlotte
Office of the Registrar

☐ Late Registration

☐ Overload

OVERLOAD/LATE ADD FORM

The schedule is requested for: SEMESTER _____ YEAR _____

STUDENT NAME: _____
LAST FIRST MIDDLE

SOCIAL SECURITY # _____ MAJOR: _____

COURSE IDENTIFICATION

Department	Course No.	Section #	Credit Hrs	Call Number (5 digits)

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Instructor's Signature: _____ Data: _____

Dean's Signature: _____ Date: _____

OFFICE USE ONLY: **Received:** _____ **Date:** _____ **Processed:** _____ **Date:** _____

Registrar's Office 7/96