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| **UNCP ID** | **8** | **4** | **0** |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Student Information** | | | | | |
| **Last Name** | | **First Name** | | **Middle**  **Initial(s)** | **Suffix**  **(Jr., II, etc.)** |
| **Home**  **Phone** | **Cell**  **Phone** | | **Email**  **@bravemail.uncp.edu** | | |

|  |
| --- |
| **Instructions for Late Add** |
| * This form is used to add courses **AFTER ONLINE REGISTRATION HAS CLOSED** * Both signatures of the **course instructor** and **student’s advisor** are required for all late adds. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Late Add Information** | | | | |
| **Term (circle one)** | **Fall/ Fall 3** | **Spring** | | **Maymester/ Summer I II** |
| **Course Type ( circle one)** | **Full Term** | **1st 8 Week** | | **2nd 8 Week** |
| **Subject**  **Code** | **Course #** | **Section #** | **CRN # (5 digit number)** | |
| **Title of Course** | | | | |

|  |  |  |
| --- | --- | --- |
| **Signatures Required** | | |
| **Advisor’s Name** | **Advisor’s Signature** | **Date** |
| **Instructor’s Name** | **Instructor’s Signature** | **Date** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature** |  | **Date** |  |

Copy & Paste **🗸** to check boxes

The University of North Carolina at Pembroke

# Capital Improvements Project Request Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Requesting Department: | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Requested By: |  | | | | | | | | | | | | | | Date: | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Project Building: | |  | | | | | | | | | | | | Room(s): | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Any Other Locations Info: | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Are funds available to support this project? | | | | | | | | | |  | Yes | | | | |  | | | No | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| If Yes, give account number: | | | | | | |  | | | | | and amount available: $ | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| If No, give date when funds will be available. | | | | | | | | | | | | | Date: | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Project Description (Attach sketch or layout if necessary): | | | | | | | | | | | |  | | | | | | | | | |
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| Justification of Need: | | | |  | | | | | | | | | | | | | | | | | |
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| Required Start Date: | | |  | | | | | | Required Completion Date: | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Reason for Any Constraints/Deadlines: | | | | | | | |  | | | | | | | | | | | | | |