



**GLENVILLE**  
**STATE COLLEGE**

## REQUEST TO CARRY EXTRA HOURS

(RO – 7/18)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax 304-462-8619 [registrar@glenville.edu](mailto:registrar@glenville.edu)

Student's Name \_\_\_\_\_ GSC ID# \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_

I am requesting permission to take \_\_\_\_\_ hours of course work during the \_\_\_\_\_ semester.

I would like to add the following course(s) to my schedule: \_\_\_\_\_  
CRN-SUBJ-CRSE

\_\_\_\_\_   
CRN-SUBJ-CRSE

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

***Student must have a minimum overall GPA of 3.00, at least a GPA of 3.00 on the previous semester, or be completing requirements for graduation during the semester noted above. The course(s) the student is enrolling in must be required for their program.***

Student's Overall Earned Hours \_\_\_\_\_ Student's Previous Semester GPA \_\_\_\_\_ Student's Overall GPA \_\_\_\_\_

Justification: \_\_\_\_\_

**\*Must attach a Plan of Study to support Justification\***

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended  Not Recommended Explanation: \_\_\_\_\_

Provost Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied Explanation by Provost if denied: \_\_\_\_\_

***The student and the advisor will be emailed the status of request.***