



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

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

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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 _____

Must attach a Plan of Study to support justification

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.