



REQUEST TO CARRY EXTRA HOURS

(RO – 12/19)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax 304-462-8619 registrar@glenville.edu

Student's Name _____ GSC ID# _____

I am requesting permission to take _____ total hours of course work during the **FALL SPRING SUMMER** (*circle one*) **20**_____ 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 GPA of 3.00, a 3.00 GPA in the previous semester, or be completing requirements for graduation during the semester. 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: _____

Expanded justification can be attached.

Advisor's Signature: _____ Date: _____

Department Chair's Signature: _____ Date: _____

☐ Recommended ☐ Not Recommended Explanation: _____

Provost Signature: _____ Date: _____

☐ Approved ☐ Denied Explanation: _____

***Please complete the back of the form prior to returning to the Registrar's Office.
The student and advisor will be emailed the status of the request once processed.
If submitted after registration, the student will be automatically added to the requested course(s).***

Student name _____

Attach a copy of student's DegreeWorks audit for review.

Anticipated Plan of Study for time remaining at GSC:

Semester: # of hrs. _____

Semester: # of hrs. _____

Semester: # of hrs. _____

Semester: # of hrs. _____

Please indicate which previous semester/situation has resulted in requesting an overload at this time:

Expected graduation date _____