



**GLENVILLE**  
STATE UNIVERSITY

## REQUEST TO CARRY EXTRA HOURS

(RO-03/22)

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 \_\_\_\_\_ GSU ID# \_\_\_\_\_

Permanent Address \_\_\_\_\_ Tele# \_\_\_\_\_

\_\_\_\_\_ Cell# \_\_\_\_\_

I am requesting permission to take a total of \_\_\_\_\_ credit hours during \_\_\_\_\_  
Term/Year

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

CRN-SUBJ-CRSE Credits

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

*Student must have a minimum overall GPA of 3.00, or 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 requesting to add to their schedule 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: \_\_\_\_\_

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

VP of Academics Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

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

**The request to carry extra hours will not be accepted and will be returned unless this plan of study sheet is submitted along with the request form. To verify degree requirements, attach a copy of the student's Degree Works audit.**

Student Name: \_\_\_\_\_

**Anticipated Plan of Study for semesters remaining at GSU:**

Semester: \_\_\_\_\_ # of hrs. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Semester: \_\_\_\_\_ # of hrs. \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
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Semester: \_\_\_\_\_ # of hrs. \_\_\_\_\_

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Semester: \_\_\_\_\_ # of hrs. \_\_\_\_\_

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\_\_\_\_\_  
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Semester: \_\_\_\_\_ # of hrs. \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Semester: \_\_\_\_\_ # of hrs. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate what occurred which resulted in requesting an overload at this time:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_