



REQUEST TO CARRY EXTRA HOURS

(RO-02/23)

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

Student's Name _____ GSU ID# _____

Permanent Address _____ Tele# _____

_____ Cell# _____

I am a graduate student. Yes No If yes, form will need Director of Graduate Studies Signature.

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 _____

Justification: _____

*** Must attach the Plan of Study (second page) to support justification ***

Advisor's Signature: _____ Date: _____

Director of Graduate Studies: _____ Date: _____

(If applicable)

Registrar's Office Review: _____ Date: _____

VP of Academics Affairs: _____ Date: _____

Approved Denied Explanation if denied: _____

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 to carry extra hours form.

Student Name: _____

Anticipated Plan of Study for semesters remaining at GSU
(List courses you will be enrolling in for each semester up through graduation)

Semester #1: _____ Total CR _____

Semester #2: _____ Total CR _____

Semester #3: _____ Total CR _____

Semester #4: _____ Total CR _____

Semester #5: _____ Total CR _____

Semester #6: _____ Total CR _____

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

Expected Graduation Date: _____