



REQUEST TO CARRY EXTRA HOURS

(RO-06/24)

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 _____ Tel# _____

_____ Cell# _____

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

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
DO NOT register for classes listed here. This will delay processing.	CRN-SUBJ-CRSE	Credits
Course override required? If yes, initial and date next to the course. Overrides will NOT be processed without approval.	CRN-SUBJ-CRSE	Credits

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: _____

Graduate Program Coordinator: _____ Date: _____

Registrar's Office Review: _____ Date: _____

Provost: _____ Date: _____

Approved Denied Explanation if denied: _____

The request to carry extra hours form will not be accepted and will be returned unless this plan of study sheet is included. Including a printed audit from Degree Works does not satisfy this requirement.

Student Name: _____

Anticipated Plan of Study for semesters remaining at GSU

(List prospective courses you will be enrolling in for every upcoming 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: _____