



**REQUEST TO CARRY EXTRA HOURS**

(RO-1/25)

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 \_\_\_\_\_ Tel# \_\_\_\_\_

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

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

I have course substitutions for the term listed below.  Yes  No

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
<b>DO NOT register for classes listed here. This will delay processing.</b>	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: \_\_\_\_\_

**Plan of Study of required courses for each semester remaining up through graduation.**

**(Knowledge of future course offerings is not required)**

Semester #1: \_\_\_\_\_ Total CR \_\_\_\_\_

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Semester #2: \_\_\_\_\_ Total CR \_\_\_\_\_

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Semester #3: \_\_\_\_\_ Total CR \_\_\_\_\_

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Semester #4: \_\_\_\_\_ Total CR \_\_\_\_\_

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Semester #5: \_\_\_\_\_ Total CR \_\_\_\_\_

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Semester #6: \_\_\_\_\_ Total CR \_\_\_\_\_

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

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