



REQUEST TO CARRY EXTRA HOURS

(RO-1/26)

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# _____

Graduate student? ☐ Yes ☐ No

If yes, form will need Director of Graduate Studies Signature below.

Course substitutions required:

☐ Yes ☐ No

(List all course substitutions)

Course override(s) required for this term: ☐ Yes ☐ No

(List course overrides)

Total number of hours being requested _____ during _____
Term/Year

List course(s) to add to schedule:	CRN-SUBJ-CRSE	Credits
DO NOT register for classes listed here. This will delay processing.	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 listing all required courses for each semester, including the requested overload semester and all remaining semesters through graduation.

Knowledge of future course offerings is not required.
Requested overload semester must be on plan of study regardless of registration status.

Semester #1: _____ Total CR _____

Semester #2: _____ Total CR _____

Semester #3: _____ Total CR _____

Semester #4: _____ Total CR _____

If additional semesters are needed, please use an additional copy of the Plan of Study Page. Please indicate semester order on additional page.

Additional Important Information:

Expected Graduation Date: _____