



**REQUEST TO CARRY EXTRA HOURS**

(RO-3/26)

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# \_\_\_\_\_

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)

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

| List course(s) to add to schedule:  | CRN-SUBJ-CRSE | Credits |
|---|---------------|---------|
| <b>DO NOT register for classes listed here.<br/>This will delay processing.</b> | 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 \_\_\_\_\_

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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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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:**

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