

EXCESS UNIT REQUEST

1. Students requesting more than 22 units for a quarter.
2. This request will be processed after the end of the Registration cycle.
3. Submit this request to Office of Academic Records (01-222) by 4 PM on the 8th day of the term.

Circle term and enter year of request: FALL WINTER SPRING SUMMER Year: _____

STUDENT NAME: _____ Phone _____
(PRINT) Last First Middle Initial

EMPL ID#

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OR Last four digits Soc.Sec.#

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Self-reported GPA: _____ TOTAL # OF UNITS FOR TERM _____ MAJOR: _____
Will not be processed if below 2.0.

STUDENT SIGNATURE: _____ DATE: _____

BY SIGNING THIS FORM, I (Dept Head/Grad Advisor) APPROVE this Excess Unit level.

X _____ DATE: _____

M:\ESS\RECORDS\comm\OAR Forms\Updated 2068 Forms\Excess_units.docretain 3 terms 20# Bond Canary
INITIALS _____ DATE _____

STAFF