REQUEST TO EXCEED REGULAR ACADEMIC UNIT LOAD
Students in a professional program may be eligible to exceed units without petition. Check with your department prior to submission

Name:			Major:		
Address:			_		
City, State, Zip:  ☐ Fall ☐ Spring ☐ Summer Year:			• • • • • • • • • • • • • • • • • • • •	0 14 0015 14 5 4	
			Minimum GPA Allowed Is 3.25		
				ate study at 16 units. No stude prefix, course number, and un	
PREFIX	COURSE #	COURSE TITLE		UNITS	
				Total Unit	·s:
5. Please exuniversity po	•	e reasons why it is es	sential for you to enroll in ı	more units this term than is allo	owed by
7. Signature	of student:			Date:	
-	of major adviso	or:		Date:	
	,				
		STUDENT	—DO NOT WRITE BELOW THI	S LINE	
Review and  Approved		_ units in	semester <b>only</b> .	☐ Not Approved	
Comments:					
	Signature.	Dean/Designee, Grad	duate Studies	Date	