

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:				—— Cumulat	ive GPA Earned to Date	: (from transcript)
Student ID:				Minimun	n GPA Allowed Is 3.25	
Major:						
☐ Fall ☐	☐ Spring ☐] Summer `	Year:			
					eate study at 16 units. No prefix, course number, a	
PREFIX	PREFIX COURSE #				LE	UNITS
					Tota	al Units:
(Mark "A" by any audit classes and include these units as part of total load.)						
2. Cumulative post-baccalaureate grade point average (GPA) earned to date:						
3. If you are planning to complete a degree or credential this semester, please indicate which:						
4. Please explain clearly the reasons why it is essential for you to enroll in more units this term than is allowed by university policy:						
Signature of student:					Date:	
Approval of major advisor:					Date:	
STUDENT—DO NOT WRITE BELOW THIS LINE						
Review and	Action:					
Approved for units in semester or					☐ Not Approved	
Comments:					□ Not Apploved	
Comments:						
Signature, Dean/Designee, Graduate Studies					D	 Pate