

## REQUEST FOR EXCESS UNITS

Name \_\_\_\_\_ CWID \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Major \_\_\_\_\_ Class level \_\_\_\_\_

**Policy**

A student whose academic record justifies a study list in excess of 4 units may request to enroll for up to 2 additional units. In general, only students with superior academic records are allowed to enroll for more than the maximum. In addition, the need to enroll for the extra study must be established. Factors such as time spent in employment or commuting, the nature of the academic program, extracurricular activities and the student's health should be considered in planning a study program.

A student's request to enroll for more than 4 units must be approved by the **student's advisor and the department chair of the major**.

**For Undergraduates:** Student must provide a typed statement and TDA when submitting this form.

**For Graduates:** Student must provide a typed statement and unofficial transcript when submitting this form.

Undeclared majors must receive the approval of the Assistant Director of Academic Advisement in UH-123. If the request is denied, an appeal may be made to the appropriate college dean.

**Note for CSUF Students:**

CSUF students are encouraged to register and pay for their first class (up to 4 units) during their priority registration period. Registration for an additional class (up to 6 units) begins on Thursday, October 20 and first requires in-person submission of the approved Request for Excess Units form to the Admissions and Records Service Center in LH-114 for processing.

***Completed form must be submitted in person at LH-114***

***Dates for submission: 10/20/16 – 12/16/16***

I wish to register for a total of \_\_\_\_\_ units in the Intercession 2017 term.

Cumulative GPA \_\_\_\_\_ (Refer to your TITAN Online account for GPA)

Reason for request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Approval signature(s) are required and boxes must be checked for approval or denial.*

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Print Advisor Name

\_\_\_\_\_  
 Print Department Chair Name

\_\_\_\_\_  
 Signature of Advisor

Date

\_\_\_\_\_  
 Signature of Department Chair

Date

Approved  Denied

Approved  Denied