



Rongxiang Xu College of Health and Human Services

EXCESS UNIT PETITION

Semester: _____

Name: _____ CIN: _____

Major: _____ Date: _____

Current GPA (Should be at least a 3.25): _____ Total Units you plan to enroll in: _____

During Open Registration, undergraduate students may enroll in a maximum of 18 semester units. All requests for 19 semester units or more must be approved by an Academic Advisor, the Department Chair, and the Associate Dean of the Rongxiang Xu College of Health and Human Services.

Please state your reasons for this request:

- ☐ Course is not available to student for another year.
- ☐ Student is graduating this semester.
- ☐ Other: _____

List **ALL** of the courses that you wish to enroll in this term:

Course	Course Title	Section	UNITS
Total units			<div></div>

Academic Advisor _____

_____ Date

Department Chair _____

_____ Date

Associate Dean _____

_____ Date