



Petition for Course Overload

_____ (last name) (first name)

_____ (CIN)

_____ (street address)

_____ (major and option)

_____ (city) (state, zip code)

_____ (phone number)

_____ (email)

_____ (GPA)

I am requesting to enroll in an overload of units for

_____ (term / year)

Please list ALL courses that you wish to take:

Course Abbrev./Number	Course Title	Units
TOTAL UNITS:		

Reason for request: _____

 Student's signature

 Date

 Advisor's signature Date

 Division Chair's signature Date

TOTAL UNITS GRANTED _____ ONLY.

 Associate Dean's signature

 Date

Please submit completed form to Enrollment Services, Administration 146, before the add deadline.