

**CALIFORNIA STATE UNIVERSITY, LOS ANGELES
GRADUATE STUDIES AND RESEARCH**

Petition for Course Overload

Last Name First M.I. SID#

Mailing Address City Zip Code

Telephone No. (Home) (Work)

I am requesting permission to enroll in more than 16 units during _____ Quarter
 _____ Year

List the courses that you wish to take.

Course Number	Course Name	Section	Units

Student's signature Date

Associate Dean's Signature Date

Grant

Deny