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	

Academic Advisor _____ Date _____

Department Chair _____ Date _____

Associate Dean _____ Date _____

Rev. 01/24/2023

Submit form with **ALL SIGNATURES** to records@calstatela.edu