REQUEST FOR EXCESS UNITS

Name ___________________________________________ CWID ___________________________________________

Phone (________) ______________________________ Email ___________________________________________

Major _________________________________________ Class level ________________________________

Policy
A student, whose academic record justifies a study list of more than 4 units, must request approval. In general, only students with superior academic records are allowed to enroll for more than 4 units. In addition, the need to enroll for 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.

Open University (students not admitted to CSUF) students:
Open University students must get approval from the Open University Advisor: Suzanne Batista, UH-123, (657) 278-4280 OR Margaret Luzzi, CP-100, (657) 278-7644

Completed form must be submitted in person at CP-100
Open University dates for submission: 11/2/15 – 12/22/15

Enrolled in: __________________________________ Session ________ Class No. ______________ Units ________

Requesting: ________________________________ Session ________ Class No. ______________ Units ________

Cumulative GPA ________________ (If your GPA includes transcripts from a college/university other than CSUF, please attach an unofficial copy to this form.)

Reason for request:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Student Signature ___________________________ Date __________________

Approval signature is required and the box must be checked for approval or denial.

Comments:
____________________________________________________________________________________
____________________________________________________________________________________

Print Open University Advisor Name ______________________________

Signature of Advisor ___________________________ Date __________________

☐ Approved ☐ Denied