REQUEST FOR EXCESS UNITS – (more than 18 units)

UNDERGRADUATES

Name __________________________________ Student ID Number ___________________________

Street __________________________________ Telephone ( ______ ) ________________________

City, State, Zip Code ______________________________ Major __________________________

Class Level ______

Student:
I wish to register for a total of _______ units in the ____________ Semester 20_________.

My cumulative grade-point average (GPA) is _______. (Refer to your TITAN Online account for GPA).

Reason for Request:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Policy
An undergraduate student’s request to enroll for more than 18 units must be approved by the student’s adviser and the department chair of the major. If the request is denied, an appeal may be made to the appropriate school dean. (Undeclared majors must receive the approval of the Director of Academic Advisement.) Request forms may be obtained online at: http://records.fullerton.edu/resources/forms/Request-for-excess-units-UG.pdf or from Records & Registration (LH-114).

In general, only students with strong academic records, not on probation, are allowed to enroll for more than the maximum. Student must provide a printed copy of their TDA when submitting this form. Once you have collected the signatures, please return the forms to LH-114 or to the email address in the box on top of the page.

Student Signature_____________________________________ Date:_____________________

Advisor and Department: Both Signatures are required and boxes must be checked for approval or denial.

___________________________________  __________________________________
Signature of Advisor  Signature of Department Chair

□ Approved □ Denied  Date _____________  □ Approved □ Denied  Date _____________

Rev. 03/08/18 CB