# REQUEST FOR EXCESS UNITS

**Name ____________________________________________  CWID ____________________________________________**

**Phone (______)________________________________________  Email ____________________________________________**

**Email ____________________________________________  Class level ____________________________________________**

**Policy**

A student whose academic record justifies a study list in excess of 4 units may request to enroll for up to 2 additional units. In general, only students with superior academic records are allowed to enroll for more than the maximum. In addition, the need to enroll for the 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.

A student’s request to enroll for more than 4 units must be approved by the **student’s advisor and the department chair of the major**.

Undeclared majors must receive the approval of the Assistant Director of Academic Advisement in GH-123. If the request is denied, an appeal may be made to the appropriate college dean.

**Note for CSUF Students:**

CSUF students are encouraged to register and pay for their first class (up to 4 units) during their priority registration period. Registration for an additional class (up to 6 units) begins on Thursday, October 17 and first requires in-person submission of the approved Request for Excess Units form to the Office of Registration and Records in LH-114 for processing.

*Completed form must be submitted in person at LH-114*

**Dates for submission:**

- **Session A:** 10/17/19 – 12/21/19
- **Session B:** 10/17/19 – 1/2/20

I wish to register for a total of ______ units in the Winter Session 2020 term.

Cumulative GPA _________________ (Refer to your TITAN Online account for GPA)

**Reason for request:**

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

**Student Signature _________________________________  Date __________________**

Approval signature(s) are required and boxes must be checked for approval or denial.

**Comments:**

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Print Advisor Name____________________________________  Print Department Chair Name________________________

**Signature of Advisor _________________________________  Date __________________**

**Signature of Department Chair ________________________  Date __________________**

☐ Approved    ☐ Denied    ☐ Approved    ☐ Denied