



EXCESS UNIT REQUEST

Student Name: _____
Last Name, First Name, M.I

Student ID#: _____
8-digit (ex. 10XXXXXX)

Phone Number: () _____ - _____
Area Code

Email Address: _____
ex. johndoe@email.com

Please ensure to leave at least one contact information to which you would like to be notified

Request Information

Term: Spring Summer Fall Year:

1. Please list all the courses you are currently in and Courses to be added.

Term registered courses	Units

Courses to be added (16+ units)	Units

Total Excess Unit Request:

2. Please provide a written statement explaining the reason to which you need additional units added. Also, please provide a copy of your unofficial transcript and additional documents pertaining to your request.

COUNSELOR USE ONLY

Approved Denied VP. Of Student Services/Designee: _____