



EXCESS UNITS REQUEST

Student Name: _____ Student ID#: _____ Date Submitted: _____
Last Name, First Name, M.I. 8-digit (ex. 10XXXXXX)

Phone Number: (_____) _____ - _____ Email Address: _____
Area Code ex. student@email.com

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

Request Information

Term: (choose 1) Spring Summer Fall Year:

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

Currently registered courses	Units	Courses to be added	Units	Intersession? (Yes or No)
<i>Total Units for Semester</i>		<i>Total Excess Units</i>		

Overall Total Units (Current + Excess) =

2. Please provide a written statement explaining the reason why you need additional units added.

3. Please email this completed form and any supporting documents to counselingbcc@peralta.edu
 We will process your request as soon as possible and reply to you via email. Thank you

COUNSELOR USE ONLY

Approved Denied VP. Of Student Services/Designee: _____ Date: _____