GRADUATE STUDENT PETITION FOR ACADEMIC OVERLOAD

Note: Undergraduate, Credential, 2nd Bachelors and Post-baccalaureate Students not accepted into a Graduate (Master’s degree) program must complete an Academic Overload petition in the Registrar’s Office, Joyal Administration Building, Room 106

Instructions to Graduate (Master’s degree) Students:
1. To enroll in 17-21 units, demonstrate a cumulative GPA of 3.0 or better.
2. Complete the information as requested.
3. Submit the form to your Graduate Degree Program Coordinator for his/her signature.
4. Return the completed form to the Division of Graduate Studies, Frank W. Thomas Building, Room 132 (Mail Stop TA 51).

Note: Approval processing time is 1-2 days. You will be notified by e-mail when your petition has been approved. You must add the additional units yourself on-line.

NAME______________________________________________________________________________________

ID#____________________ PHONE_________________________ SEMESTER__________________________

E-MAIL ADDRESS: ___________________________________________________________________________

I hereby request permission to register for a total of ________ units. My desired program of courses this semester is as follows:

<table>
<thead>
<tr>
<th>COURSE &amp; COURSE #</th>
<th>UNITS</th>
<th>COURSE &amp; COURSE #</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My reason for this request is as follows:

Date _____________________   Student’s Signature____________________________________

For Faculty Use:

Departmental Recommendation: Based upon the information supplied by this student, I recommend that he/she be permitted to enroll for a maximum of ______ units.

Date___________________  Graduate Coordinator’s Signature____________________________________________

For Graduate Division Only

Student’s GPA_____    Student’s Status: Cond. Class.________  Class_______  Advanced_____

Action Taken:    Approved (Date) _______ Initials___________    Denied (Date) _______ Initials___________

Term activation  _________

Revised11/1/13   LN