

PETITION FOR EXCESS UNITS (22.0 OR MORE UNITS)

Name:			CWID:		
Email:			Petition Date:		
Cumulative GPA:Previous Term GPA:			Term:	Year:	
 Verify Student is no Completed a minin verify completion of Must have successfient Must have a cumula A comprehensive D Approved petitions 	ally completed 18.0 or more tive GPA of 3.00 or above EGREE WORKS EDUCATION will be processed once Priduring the first two weeks STED (INCLUDED EXCES)	udent, Student can only (Must submit transcreunits in a single quar ON PLAN IS REQUIRE) ority Registration Ends of the term require ad	y take 10 Units peript from other ter	er term institution to	
Course Name	Course Units	Cou	rse Name	Course Units	
Student Signature: Counselor Signature: ACADEMIC COUNCIL REVIEW FOR 25.5 OR MORE UNITS					
	PLEASE EXPLAIN YOUR	R REASON FOR PETIT	ΓΙΟΝΙΝ G :		
Student Signature:		Date:		_	
Counselor Comments: Recommendation(s):			ADEMIC COUN	ICIL USE ONLY	