



Last Name First Name Middle Initial

Student ID Number

COLLEGE OF EXTENDED LEARNING

WINTER EXCEED MAXIMUM UNITS PETITION

Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____ Major: _____

Check one: Freshman Sophomore Junior Senior Semester: _____

GPA last semester: _____ Expected Graduation Semester: _____

List in the spaces below all courses that you are planning to take during Winter session, include land any courses to be taken at other colleges or universities as well as audit courses. Mark "A" by audited courses.

Course Prefix	Number	Units	College or University
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Instructions: Undergraduate students may enroll in a maximum of 4 units. All requests for 5 units or more must be approved by the Dean of the College in which your major is housed. Students should have a 3.0 cumulative SF State grade point average. Course permit numbers must be obtained

- To enroll in 5 units or more, student must:**
1. Complete all sections of this petition and attach a current SF State (or other college) transcript.
 2. Obtain approval from your major advisor, major department chair, and college dean that houses your major. Undeclared and Special Majors must obtain major advisor/chair approval from the Advising Center and dean approval from the Dean of Undergraduate Studies (ADM 447).
 3. All approved petitions must be submitted to the College of Extended Learning at the One Stop Student Service Center or the Enrollment Services counter, College of Extended Learning, Downtown Campus for final processing.

Total Units: _____

Units taken last semester: _____

Justification for requesting 5 units or more (Winter Session).

Student Signature: _____

Date: _____

Major Advisor Signature: _____

Date: _____

Department Chair Signature: _____

Date: _____

Dean's Action Approved Not Approved Total Units Approved: _____

College Dean Signature: _____

Date: _____

Dean of Undergraduate Studies Signature: _____

Date: _____

(Signature required if applicable)