



PETITION TO TAKE EXTRA UNITS

Who is this form for? This form is to be used by students requesting to register for more than the maximum units set for the term. Please read criteria below.

Complete this form and take it to your MAJOR Department Chair and the Dean of your School for signature (if UNDECLARED, take to your Advisor and the Director of Advising). **Submit the approved form to Admissions and Records BEFORE THE END OF ADD/DROP.**

Please write clearly

Name _____ SSU ID# _____

Address: _____ City/State/Zip _____

SSU E-mail _____ @seawolf.sonoma.edu Phone: _____

Cum. Units Completed _____ Cum. GPA _____ Major _____

Are you a senior who has applied to graduate ? Yes No
If so, which term & year: Fall _____ Spring _____ Summer _____

Please indicate the course you wish to add that will take you over units:

Course Title: _____ Course Registration Number (4-digit) _____

Course number _____ Units _____

**TOTAL UNITS REQUESTED: [_____]
FOR THE SEMESTER**

DETAILED EXPLANATION FOR REQUEST MUST BE STATED: (use reverse side or attach letter)
Petitions without explanations will be returned to the student.

Important Information!!! Please Read!!

Approvals will be *considered* in part on the following criteria:

- Seniors who have applied to graduate; or
- Students with serious, extenuating circumstances, which must be explained above.
 - The maximum of 23 units remains in force.

If your petition is **approved**, your unit limit will be adjusted within 3 working days. If approved, you can go to your Student Center and see the units:

Under ACADEMICS, click on Enroll, then click the Term Information Tab and look under Term Enrollment Limits

Note: You will not receive any other notification from A&R

If your petition is **denied**, you will be sent an email notifying you of the denial.

Student Signature _____ Date _____

Your Major Department Chair Signature*: _____ Date: _____

Your School Dean Signature* _____ Date _____

*Note: If Undeclared, please obtain Chair signature from your Advisor and Dean signature from the Director of Advising)

A&R Approval _____ Date _____