



Petition to Exceed Maximum Units/Appeal for Readmission

Student Name _____

Student ID _____

Phone # _____

Email _____

Major: _____

Educational Goal: _____

Term: Fall Spring Summer Year _____

Current Academic Standing: (Check One)

Academic Probation 1 or 2 Progress Probation 1 or 2 Dismissal Current GPA: _____

1. List all of the courses you would like to take if approved to exceed maximum units or readmitted:

Course Title	Units	Comment (new course, repeat, prior W, etc.)

Student Signature: _____

Date: _____

Office Use Only

Counselor's Name: _____ Counselor's Signature: _____ Date: _____

Workshop Completed: YES NO

Maximum Number of Units Approved: _____ Term: Fall Spring Summer Year _____

Comments:

