



El Camino College
Compton Center

OVERLOAD PETITION

The maximum number of units a student may enroll in prior to submitting an overload petition:

- * Fall and Spring enrollment limit – 18 units plus a 1-unit physical education class
- * Summer enrollment limit – 8 units plus a 1-unit physical education class

Students wishing to take **additional** units must submit this Overload Petition to the Admissions and Records Office located in the Administration Building. To receive approval, students **must have completed at least 15 transferable units in one semester at El Camino College with a 2.75 GPA** and have an overall GPA of 2.5 or higher.

LAST NAME	FIRST NAME	STUDENT ID #
TELEPHONE	EMAIL ADDRESS	DATE OF BIRTH

Submission of this petition is not a guarantee of approval. You will be notified through your **MyECC** email within 3 days of the overload petition decision. Once a decision is made, it is the student’s responsibility to register for the course(s).

Review the requirements listed below to determine if you are eligible. Petitions that do not meet all requirements may be denied.

REQUIREMENTS

- Complete and submit the petition form **no later than 2 weeks prior to the first day of class**
- Attach an Unofficial Transcript
- Have completed at least 15 transferable units in one semester at El Camino College with a 2.75 GPA
 - o What semester?: _____ Semester GPA: _____
 - o Total number of units completed: _____
- Currently enrolled in the maximum units allowed for the term
- Cumulative GPA of 2.5 or higher ___ Yes ___ No

Below list the course(s) you are petitioning to enroll:

Semester	Course	Units
<i>Example: Summer</i>	<i>ENGLISH 1A</i>	<i>3</i>

Will you be working during the semester? _____ If yes, how many hours each week? _____

Why are you requesting to take more than the maximum units allowed?

What will enable you to be successful?

I certify that I meet all of the requirements required for this petition. I understand that if I do not meet all requirements, my petition may be denied.

Student Signature

Date

OFFICE USE ONLY

Received by: _____ Date: _____

Dean of Student Services: _____ Date: _____

Approved Denied

Comments:
