

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:
