



EXCESS STUDY LIST PETITION

Name: _____ Major: _____
(Last) (First) (Middle)

Student ID Number: _____ Quarter: _____

Highest number of units previously taken: _____ CUM GPA: _____
(Quarter) (Year) (Units) Total Units: _____

REASON FOR THE REQUEST (required)

Proposed Study List	Session (Summer Only)	Grading Basis	Units
TOTAL REQUESTED UNITS			

Last Quarter's Study List (must have grades)	Grade	Units
TOTAL UNITS		

Date: _____ Student's Signature: _____

Submit Online: [Petitions Message Center Queue](#)

Revised (04/2023)

Decision: _____, approved for _____ units. Unit Limit Updated

Date: _____ Signature: _____
Associate Dean Initials