Staff Initials & Intake Date: _____

ADMISSIONS & RECORDS OFFICE
Excess Unit Petition

Please complete the following. PRINT legibly and clearly. ***Submit this petition at least two weeks BEFORE attempting to register for excess units.***

Student Name: _____ Student ID: _____

Address: _____ Phone: (_____)_____
Street Apt

_____ Email: _____
City State Zip

You may NOT register for excess units unless this petition has been approved.

Instructions:

1. Use this form to request approval to exceed the maximum allowable unit load of:
   - ✓ **18 units during the Fall or Spring semesters**
   - ✓ **8 units during summer sessions**
2. Before submitting this petition, all students are required to meet with a Sacramento City College counselor for recommendation.
3. All Los Rios College transcripts must be attached. If most or all of your academic history is not at a Los Rios College, you **MUST** submit a copy of a grade report or transcript from your previous institution with this petition. (High school transcripts included).
4. Student **MUST** attach a written statement explaining the reasons for requesting an excess load.

Semester and Year Applicable: ☐ Summer ☐ Fall ☐ Spring Year: _____

Class Schedule: Please list **ALL** the classes you wish to take in the term indicated. Include <u>all</u> classes you plan to enroll in, including the courses that will put you above the allowed 18 units.

Class Number	Course Title & Number	Units	Class Number	Course Title & Number	Units

Total Units: _____

Counselor Recommendation: ☐ Recommend ☐ Do Not Recommend

Comments: _____

_____

Counselor Signature: _____ Date: _____

Print Name: _____

Your Petition has been reviewed and your request has been: ☐ Approved ☐ Denied ☐ Returned
Comments: _____

☐ Posted ☐ OnBase ☐ Emailed Review Committee: _____ Date: _____