

Rev. 01/26/21







EXCESS UNITS REQUEST

tudent Name:	tudent ID#	dent ID#:			Date Submitted:		
Last Na	me, First Name, M.I		8-digit (ex. 10XX)	xxxx)			
hone Number: (Codo	Email A	ddress:	OV. Of us	dont@omo	il aam	
	to leave at least one						
	,	Request In	formation				
Term: (choose 1)		mmer D F		Yea	ır:		
, ,							
1. Please list all the	e courses you are cu	ırrently in aı ───	nd Courses to b	pe added.		Intercoccion?	
Currently registered courses		Units	Courses to	be added	Units	Interse <u>s</u> sion? (Yes <u>or</u> No)	
Tot	tal Units for Semeste	er	Total Ex	cess Units			
o	verall Total Units (Current + E	xcess) =				
2. Please provide you	ur current Cumulativ	e GPA:					
0. Plane		1-1-1			P.C I	.26 - 11-1	
3. Please provide a w	vritten statement exp	plaining the	reason wny you	u need add	aitionai t	inits added.	
						<u></u>	
4. Please submit the	completed form ar	d a copy o	f your unoffici	al transcr	ipt to the	e applicable campı	
	Services. For Laney						
We will process yo	our request as soon	as possible	and reply to yo	u via emai	I. Thank	you	
		OT A DE LU	SE ONLY				
		STAFF US	DE UNLY				
Approved □Denie	ed VP. Of Studen	t Services/	Designee:			Date:	