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 ______________________
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 all classes you plan to enroll in, including the courses that will put you above the allowed 18 units.

<table>
<thead>
<tr>
<th>Class Number</th>
<th>Course Title &amp; Number</th>
<th>Units</th>
<th>Class Number</th>
<th>Course Title &amp; Number</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ______________