

Instructions

Do not hand write - Must be typed

This petition is intended for use by graduate students who wish to take course units in excess of 16 semester units, the current university maximum without permission. With permission, the absolute number of semester units is limited to 18. Permission will not be granted on financial bases to reduce tuition expenses. Under no circumstances will it be granted for any number of units exceeding 18. This form should be used by graduate students whether or not undergraduate courses are among those on the prospective schedule.

This petition must be accompanied by a full explanation for the request as well as all other required attachments, as indicated below. Signatures should be obtained in order, beginning with the program graduate advisor.

Completion of this form and ultimate approval of the request do not guarantee acceptance into classes. Students must still obtain add codes (permission codes) from the course instructor(s) after the semester's start of instruction once this petition has been approved.

This completed form should be emailed to the appropriate college Associate Dean, who will in turn relay the information to the Registrar through Google Docs.

Student Information

Last Name _____ First Name, M.I. _____
 Student ID _____ Previous Name, if any _____
 Current Address _____ City _____ State _____ Zip _____
 Daytime Phone _____ Email Address _____

Proposed Excess Units

Term & Year	Course Prefix & Catalog No.	Course Title	Units

Required Attachments (photocopies acceptable)

Complete SJSU transcripts Candidacy form, if filed with GAPE Written explanation for request Currently registered class schedule

Recommendations for Approval (letter may be attached for additional support)

Master's Committee Chair or Graduate Advisor (print) _____

Master's Committee Chair or Graduate Advisor (signature) _____ Date _____

Department Chair or School Director (print) _____

Department Chair or School Director (signature) _____ Date _____

Required Signatures

Student
 Name (print) _____ Signature _____ Date _____

College Associate Dean
 Name (print) _____ Signature _____ Date _____

Approved Denied

FOR OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE

Comments