

WINTER SESSION PETITION TO EXCEED MAXIMUM CREDIT HOUR LIMIT

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| NAME: _____
CHICO STATE ID NUMBER (IF AVAIL.) Last First M.I.

DATE OF BIRTH: ____/____/____ GENDER: M F STUDENT TYPE: Admitted Non-Admitted CLASS LEVEL: Undergraduate Graduate / Post-bac
MM DD YY

PHONE: (____) ____-____ EMAIL: _____ DECLARED MAJOR: _____ UNDECLARED

REASON FOR REQUEST TO EXCEED MAXIMUM UNIT LOAD: _____

PROPOSED WINTER SESSION SCHEDULE: Instructor signatures required for all classes you wish to take.

REG NUMBER: ____|____|____|____| CLASS: ____|____|____ UNITS: ____ INSTRUCTOR: _____
Subject Number Section (Print Name) (Signature)

REG NUMBER: ____|____|____|____| CLASS: ____|____|____ UNITS: ____ INSTRUCTOR: _____
Subject Number Section (Print Name) (Signature)

ADDITIONAL SIGNATURES REQUIRED: Obtain the appropriate signature depending on whether you are declared, undeclared or a non-admitted student.

DEPT. CHAIR OF MAJOR (DECLARED): SIGNATURE: _____ DATE: _____

ACADEMIC ADVISING (UNDECLARED): SIGNATURE: _____ DATE: _____

DEAN OF CONTINUING ED (NON-ADMITTED): SIGNATURE: _____ DATE: _____

GRADE POINT AVERAGE: You must have had a GPA of 2.75 or higher during your two most recent semesters to be considered. This will be verified by Continuing Education. If you did not attend CSU, Chico for the last two semesters, you will need to attach unofficial transcripts for those terms from the college you attended.

STUDENT ACKNOWLEDGEMENT: I understand that: 1) I am responsible for reading and understanding registration deadlines, and refund and late fee policies posted at rce.csuchico.edu/specialsession/winter prior to submitting this form and 2) no exceptions to these policies will be made due to an excessive workload.
I acknowledge that I have reviewed these policies: _____ *Date:* _____