Counseling and Enrollment Services
Counseling Center Bldg. 9 First Floor
PETITION TO ENROLL BEYOND THE MAXIMUM NUMBER OF UNITS

DIRECTIONS: Students should complete this form with the assistance of a counselor and submit it to the Admissions and Records, Bldg. 9 First Floor. Please print clearly. An appeal to the decision of the Office of Matriculation can be made to the Vice President of Student Services.

STUDENT'S NAME: _____ STUDENT ID# _____
Last Name First M.

ADDRESS:_____
Street Address City State Zip Code

DAYTIME TELEPHONE NUMBER (___)_____-_____ EVENING PHONE NUMBER (___)_____-_____

SEMESTER: _____ YEAR: _____ TOTAL NUMBER OF UNITS REQUESTED: _____

Students should be cautious of the number of units in which they enroll each term and not underestimate the amount of time required for college studies. Students who enroll in too many units often jeopardize their chances of completing courses. Academic standing is based on grade point average **and** on the percentage of units completed each term. Therefore, it is important that students carefully consider the number of hours they plan to work and their overall grade point average prior to making this request. The following guidelines are used to review and approve this petition.

FALL & SPRING MORE THAN 19 UNITS WORK HOURS/UNITS

Not Working	15-19 units
10 hours	12-15 units
20 hours	9-12 units
30 hours	6-9 units
40 hours	1-6 units

MINIMUM GRADE POINT AVERAGE

17-19 units	2.5 GPA
20-21 units	3.0 GPA
22+ units	3.75 GPA

SUMMER MORE THAN 9 UNITS SUMMER SESSIONS WORK/HOURS UNITS:

Not working	1-9 units
10 hours	1-6 units
20 hours	1-4 units
30 hours	1-3 units
40 hours	1-3 units

MINIMUM GRADE POINT AVERAGE

9 units	2.5 GPA
10 units	3.0 GPA
11+ units	3.75 GPA

COURSES IN WHICH CURRENTLY ENROLLED

_____
_____
_____
_____
_____
_____
_____
_____

How many hours do you plan to work during the term? _____
How many semesters have you completed at Cañada? _____
Do you plan to compete in intercollegiate athletics this term? _____
List the reasons you wish to enroll in more than the allowed number of units.

_____
_____
_____

Student signature: _____ Date: _____

Return to Admissions and Records Bldg. 9 First Floor

FOR OFFICE USE ONLY Received by: _____ Date: _____

COMMENTS:_____
_____

Approved: _____ Denied: _____ _____
Dean of Enrollment Services *Date*

COPY: White – Enrollment Services Yellow – Student