

PETITION FOR COURSE OVERLOAD



Extended University Division
California State University, Bakersfield
9001 Stockdale Highway
30-BDC
Bakersfield, CA 93311-1022
PH. 661-654-2441
FX. 661-654-2447



<http://www.csub.edu/eud>

(Circle One)

Quarter: Fall Winter Spring Summer

Year: 20_____

CSUB Student ID #: _____

Petitioner's Last Name: _____ First Name: _____ M.I. _____

Address: _____ Daytime Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Major: _____ Level: Undergraduate____ Graduate____ Present CSUB Grade Point Average: _____

I have been a full-time student at least one quarter preceding the requested overload: Yes_____ No_____

This is a request that I be permitted to take a unit load of _____ units for the _____ quarter of _____ for the following reasons:
(# of units) (quarter) (year)

Petitioner's Signature: _____ Date: _____

Approved **Denied**

Faculty Advisor (print): _____ Faculty Advisor Signature (required): _____

Comments:

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Nondiscrimination Policy

EUD does not discriminate on the basis of race, color, national origin, sex, physical handicap, or sexual orientation in the educational programs or activities it conducts. Students admitted with physical, perceptual or learning disabilities will be given necessary accommodations provided that their disability has been verified by the CSUB Office of Services for Students with Disabilities (661-654-3360).