

## PETITION TO EXCEED UNIT CAP

This petition must be submitted to the Registrar's Office DURING THE ADD/DROP PERIOD. Students must also obtain a permission number from the class instructor or department office in order to register for courses requiring special consent or are full. The Registrar's Office will assist students to enroll in the classes listed.

| Name                                    |              |              | Firs             | Date                                       |   |                     |             |              |       |  |
|---|--------------|--------------|------------------|--|---|---------------------|-------------|--------------|-------|--|
| Bronco                                  |              |              |                  |  | Email   |                     |             |              |       |  |
|   |              |              |                  |  | mail  |                     |             |              |       |  |
|   |              |              | Subpian          | Curriculum Year                            |   |                     |             |              |       |  |
| I reque                                 | st to enrol  | l in a TOTAL | ofunits          | in the                                     |   | to                  | erm.        |              |       |  |
| I am enrolled in the following courses: |              |              |                  |  | I request to enroll in these <u>additional</u> courses: |                     |             |              |       |  |
| CRN                                     | Subject      | Catalog #    | Course Title     | Units                                      | CRN   | Subject             | Catalog #   | Course Title | Units |  |
|   |              |              |                  |  |   |                     |             |              |       |  |
|   |              |              |                  |  |   |                     |             |              |       |  |
|   |              |              |                  |  |   |                     |             |              |       |  |
|   |              |              |                  |  |   |                     |             |              |       |  |
|   |              |              |                  |  |   |                     |             |              |       |  |
|   |              |              |                  |  |   |                     |             |              |       |  |
|   |              |              |                  |  |   |                     |             |              |       |  |
| Reason                                  | for Reque    | est:         |                  |  |   |                     |             |              |       |  |
| Student's Signature:                    |              |              |                  |  | Date:   |                     |             |              |       |  |
| TO BE                                   | COMPLET      | ED BY ADV    | ISOR AND VERIFIE | ED BY DE                                   | AN'S OFFI   | CE                  |             |              |       |  |
|   |              |              |                  |  |   |                     |             |              |       |  |
| Units Currently Enrolled                |              |              | +                | + Units to be Added with Approved Petition |   |                     | Total Units |              |       |  |
|   |              |              |                  |  |   |                     | Maior (     | Core GPA     |       |  |
| Number                                  | r of Units C | ompleted at  | Cal Poly Pomona  |  |   |                     | •           |              |       |  |
| Number                                  | r of Units C | ompleted Ov  | verall           |  |   | Cal Poly Pomona GPA |             |              |       |  |
|   |              |              |                  |  |   |                     | Ov          | erall GPA    |       |  |
| □ Verified                              |              | Dean         | Dean Signature   |  |   | Date                |             |              |       |  |
| □ Approval<br>□ Disapproval             |              | Adviso       |                  |  |   |                     |             |              |       |  |
|   |              | Auviso       | Signature        |  |   |                     | Date        |              |       |  |
| □ Appro                                 |              | Dept. (      | Chair            |  |   |                     |             |              |       |  |
| □ Disapproval                           |              | -            | Signature        |  |   |                     |             | Date         |       |  |
| □ Appro                                 |              | Dean         | <del></del>      |  |   |                     |             | Date         |       |  |
| □ Disap                                 | proval       |              | Signature        |  |   |                     |             | Date         |       |  |