PERMISSION TO EXCEED MAXIMUM CREDIT HOUR LIMITS
Spring Intersession (1-4 Unit Limit)

Student’s Name_________________________________________________Date_______________

Student ID #________________CSUDH matriculating student_____Non-matriculating student_____ 

Major________________________________________________Level (e.g. Freshman)________G.P.A.________

INSTRUCTIONS
1. Complete form including signature
   ____ Continuing students: dean or faculty advisor for your major
   ____ All other students: dean of Extended Education
2. Submit this completed form to Extended Education when you register.

PROPOSED STUDY LIST

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REASON FOR REQUEST TO EXCEED MAXIMUM UNIT LIMIT:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
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_________________________ ________________
School Dean/Faculty Advisor Date

_________________________ ________________
Dean of Extended Education Date

Approved_________ Disapproved_________