PERMISSION TO EXCEED MAXIMUM CREDIT HOUR LIMITS
Summer Sessions

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

<table>
<thead>
<tr>
<th>SCHEDULE #</th>
<th>DEPARTMENT</th>
<th>COURSE</th>
<th>SECTION</th>
<th>UNITS</th>
<th>COURSE FEE</th>
<th>INSTRUCTOR/ DEPT CONSENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REASON FOR REQUEST TO EXCEED MAXIMUM UNIT LIMIT:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

School Dean/Faculty
Advisor__________________________________________Date____________