PERMISSION TO EXCEED MAXIMUM CREDIT HOUR LIMITS
Winter Session (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_______