

# PETITION TO CARRY EXCESS UNITS

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## Admissions & Records

Students who wish to enroll in more than eighteen (18.0) units per semester must complete this form with a counselor's signature.

Name \_\_\_\_\_

Hartnell ID \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Semester or session (circle one):      FALL      SPRING      SUMMER      20\_\_\_\_\_

Are you currently employed? \_\_\_\_\_

If yes, total of hours worked per week \_\_\_\_\_

Grade point average(GPA) overall \_\_\_\_\_

Grade Point average (GPA) last semester \_\_\_\_\_

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Please list the courses in which you wish to enroll this semester/session:

Course Title	Section Number	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that this schedule is in excess of a regular load and may require extra time and planning.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_