



PETITION TO CARRY EXCESS UNITS

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 _____

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 _____