

## Petition to Exceed 20 Units

Name	Student ID#		
Telephone	E-mail		
Semester Requesting For: Fall	Spring (Fill in 4-digit year, e.g. 2009, 2010, etc.)		
Year: FR SO JR SR	(circle appropriate one, if not sure leave blank)		
Units Completed: Total	USC Transfer Cumulative GPA:		
Reason for Requesting Registration	for Excess Units: (Please check one box)		
1. Required for timely graduat	ion		
2. Want to graduate early			
<ol> <li>Other</li> </ol>			
Please list the course(s) you plan t	o enroll in beyond the 20-unit limit making certain they do not conflict		
	ist lectures and labs on separate lines.		
Course # (e.g. BUAD 310) Class #	(five digit number) Time (8-9:50 a.m.) Days of the week (TTH)		
I certify that, to the best of my know	eledge, all the above statements made by me are true.		
Student Signature	Date		
	is not possible via Web-registration. If permission is granted, you must form to Registration after obtaining the authorization signature below.		
	OFFICE USE ONLY		
Granted Denied			
	Academic Advisor, Office of Undergraduate Advising		

## USCMarshall Office of Undergraduate Advising

Fall	Spring	Summer
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Fall	Spring	Summer
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