

**Instructions**

**Do not hand write - Must be typed**

This petition is intended for use by graduate students who wish to take course units in excess of 16 semester units, the current university maximum without permission. With permission, the absolute number of semester units is limited to 18. Permission will not be granted on financial bases to reduce tuition expenses. Under no circumstances will it be granted for any number of units exceeding 18. This form should be used by graduate students whether or not undergraduate courses are among those on the prospective schedule.

This petition must be accompanied by a full explanation for the request as well as all other required attachments, as indicated below. Signatures should be obtained in order, beginning with the program graduate advisor.

Completion of this form and ultimate approval of the request do not guarantee acceptance into classes. Students must still obtain add codes (permission codes) from the course instructor(s) after the semester's start of instruction once this petition has been approved.

This completed form should be emailed to the appropriate GAPE evaluator (see [www.sjsu.edu/gape/about\\_us/staff](http://www.sjsu.edu/gape/about_us/staff)), submitted to Window G in the Student Services Center, or sent through interoffice mail to extended zip 0017.

**Student Information**

Last Name \_\_\_\_\_ First Name, M.I. \_\_\_\_\_  
 Student ID \_\_\_\_\_ Previous Name, if any \_\_\_\_\_  
 Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Proposed Excess Units**

Term & Year	Course Prefix & Catalog No.	Course Title	Units

**Required Attachments (photocopies acceptable)**

Complete SJSU transcripts      Candidacy form, if filed with GAPE      Written explanation for request      Currently registered class schedule

**Recommendations for Approval (letter may be attached for additional support)**

Master's Committee Chair or Graduate Advisor (print) \_\_\_\_\_

Master's Committee Chair or Graduate Advisor (signature) \_\_\_\_\_ Date \_\_\_\_\_

Department Chair or School Director (print) \_\_\_\_\_

Department Chair or School Director (signature) \_\_\_\_\_ Date \_\_\_\_\_

**Required Signatures**

Student

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

College Associate Dean

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved      Denied

FOR OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE

**Comments**