

If you wish to take more than 18 units in any given quarter, you need to submit a signed request to do so. It must be approved prior to filing your study list on line. In addition, if you want to take *20.5 units or more*, you must also submit a short statement explaining why it makes educational sense for you to take so many units (*just stating you are interested in the subjects is not an adequate reason!*).

BE SURE TO ANSWER ALL QUESTIONS REGARDING WORK AND EXTRACURRICULAR ACTIVITIES and sign the form.

Your request will be considered incomplete and returned if each items A-I are not followed or answered.

- A. (1) List all coursework for the quarter and total the units. (2) Include the course name, number, units and department of the elective(s) you want. (3) You may submit a copy of your on line study list for the core courses, do not submit a copy of the schedule.
- B. If required, include a statement explaining why you want to take *20.5 units or more* (see above).
- C. Submit the **completed form** to the OSACA for approval no later than **5:00pm on Wednesday of the 2nd week of the quarter**. You will be notified by email when the cap has been removed, and you can add the extra units. You will also be contacted by email if your request is not approved.

Name (print)

Email address

PI PII PIII FALL WINTER SPRING 20_____
(Circle your class level) Current Quarter Year

Today's Date

List all courses in your proposed study list (*a printout of your core courses is acceptable*, not a copy of the class schedule), write in the elective(s) below, and be sure to include the department, course number, title, and the units for all courses.

Dept/course#	Units	Course Title
sample FCM 185	1	Pedi Health Issues

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

D. **TOTAL UNITS:** _____

(20.5 or more units must include statement explaining why it makes educational sense for you to take so many units)

Your request will be incomplete and returned if questions E-I are not answered!

E. Total hours spent working per week: _____. If not working, check this box ☐

F. Any extracurricular activities? **Y/N** If yes, please list on the reverse. Estimated hours per week: _____

G. Any other activities outside of school (e.g. childcare)? **Y/N** Estimated hours per week: _____
If yes, list on the reverse side.

H. I have reviewed my course schedule and confirm no conflicts will exist with my core required courses after adding electives. ☐

I. _____
Student signature

Approved: OSACA
2/4/16