

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 answered.

Submit the **completed form** to Lucia Piriano in the OSACA (lucia.piriano@ucsf.edu) 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	FALL WINTER SPRING	20		
<small>(Circle your class level)</small>			<small>Current Quarter</small>	<small>Year</small>	<small>Today's Date</small>

Advisor: Robyn Kurland Kathryn Musumeci Julie Reed

List all courses on your proposed study list (*a printout of your core courses is acceptable*, not a copy of the class schedule) and add in the elective(s) below; be sure to include the department, course number, title, and the units for all courses. **For SOM electives, please list the specific course title (not "Special Issues in Health Care").**

Dept/course #	Units	Course Title
<i>Sample: FCM 185</i>	<i>1</i>	<i>Pedi Health Issues</i>

1.			
2.			
3.			
4.			
5.			
6.			

A. **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 below. Estimated hours per week: _____

G. Other activities outside of school (e.g. childcare)? **Y/N** If yes, list below. Estimated hours per week: _____

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

I. _____
Student signature