FRESN@STATE University Registrar

Processed by:

Petition to Exceed the 18 unit Withdrawal Limit

	5150 N Ma	ple Avenue, M/S JA57, F	Fresno, CA 93740-8026	(559) 278-4743
SECTION A - Student Information				
First Name:	Last Name:		Student ID:	
Campus Email:		Phone:		
SECTION B - Course Request				
This petition form is to be used when yo form does not allow you to select addition		init withdrawal limi	it and the Drop/Withd	rawal electronic
TERM:				
Course Name/Number:		Units:		
Course Name/Number:		Units:		
Course Name/Number:		Units:		
Course Name/Number:		Units:		
		Total Units:		
Have you requested other courses in the same term? Yes No				
The reason for my drop/withdrawal is:				
Please attach required supporting documentation.				
SECTION C: Notice and Student Signature IMPORTANT: The petition to exceed the 18 unit withdrawal limit will be reviewed by the Record Adjustment Committee				
and result will be sent to your student e allowing you to submit the electronic Dr the Office of the University Registrar for	mail. If the request is ap op/Withdrawal form for r	proved, the 18 unit	withdrawal limit will b	e increased,
Student Signature:		Date:		
For Committee Use Only				
Date Committee Met:	I	Decision:	Approved Lim	it:
COMMENTS:				
Signature:		Date:		
For Registrar Office Use Only Form received by: Date Entered in Database and Sent to committee:				
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Date: