

# Additional Unit Authorization

## for Graduate and Credential Students

**Instructions:** This form is used to request additional units beyond the maximum allowed per semester.

1. Complete all parts of form.
2. Obtain advisor/program coordinator approval via CSUMB email
3. Submit completed form and advisor approval to the Office of the Registrar via CSUMB email

**Part 1: Student Information**

Student ID	Last Name	First Name
Phone Number	E-mail Address	

**Part 2: Term and Class Information**

**REGISTRATION TERM:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

**UNITS CURRENTLY ENROLLED IN:** \_\_\_\_\_

**COURSES REQUESTED:**

Subject (Ex. Kin)	Course Number (Ex. 100)	Course Units

**TOTAL UNITS TO BE ENROLLED IN:** \_\_\_\_\_

**Part 3: Student Signature**

**STUDENT SIGNATURE** or typed name: \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>DEPARTMENT USE ONLY</b>			
Advisor/Coordinator Signature:	Date:	Approve	Deny
<b>REGISTRAR'S OFFICE USE ONLY</b>			
Processed by:	Date:		