CAL STATE LA **COLLEGE OF EDUCATION**

Course Overload Petition

Name _____ CIN _____

Email _____ Program _____

Term/Year _____

List *all* courses in which you wish to enroll.

Course Subject/#	Course Title	Units
	Total Units	

Justification:

_____

_____

Student's Signature _____ Date _____

Advisor's Approval _____ Date _____

Division Chair's Approval _____ Date _____

Associate Dean's Approval _____ Date _____

Total Units Granted _____

Submit completed form to Records, Administration Building 409

Rev 8-2016