CAL STATE LA | **DEPARTMENT OF MECHANICAL ENGINEERING**

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:

_____

_____

Division Chair's Approval _____ Date _____

Associate Dean's Approval _____ Date _____

Total Units Granted _____