

MINIMUM AND MAXIMUM NUMBER OF UNITS ALLOWED



Student Name: _____

Student ID: _____ Major: _____

Trimester: _____ Number of units taken this trimester: _____

This form must be filled in by all students who do not enrol in 3 or 4 units.

Unit Code	Name of Unit

Reason:

Signature: _____ **Date:** _____

Office use only

Approved by Academic Manager

Signature: _____ Date: _____

Maze Record: ___ / ___ / ___

Completed form placed on student's file by _____ Date: _____