

**EXTRA UNIT AUTHORIZATION**

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Student Name : \_\_\_\_\_

Student ID# : \_\_\_\_\_ SS# : \_\_\_\_\_

Class Level \_\_\_\_\_ Major \_\_\_\_\_ Semester \_\_\_\_\_

Authorization if granted to the above student to enroll in \_\_\_\_\_ units

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Signature of Department Chair or Advisor

Date