## **Petition for EXCESS CREDITS**

Date:	CUNYfirst Empl ID #:			
Address:		FIRST		
		Date of Birth:		
Student York College Email:				
Semester:	Year:	(Enter the semester you wish to take excess credits)		
What semester do you plan to	graduate?			
What is your current overall C	iPA?			
What are the total number of c	credits that you w	vish to register for the semester?		

## The Committee on Academic Policy & Standards

## PLEASE FILL OUT THE BELOW PORTION COMPLETELY

Please indicate the following classes (If you are taking a course with a LAB attached, please indicate so and write 0 credits under the 'credits' column):

Course & Course #	Code	Credits	Session	Start/End Date
		·		
Revised: 6/2022				