



# CITY COLLEGE OF SAN FRANCISCO

## **AUTHORIZATION TO TAKE OVER 9 UNITS**

Date: \_\_\_\_\_

Summer Session Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

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

**HAS MET THE CRITERIA TO TAKE OVER 9 UNITS AND MAY THEREFORE ENROLL IN:**

CRN#	SUBJ	CRSE	SEQ	UNITS	COUNSELOR'S SIGNATURE

**NOTE: THESE UNITS MAY BE ADDED DURING THE REGISTRATION PERIOD.**

**THIS FORM MUST BE SUBMITTED FOR PROCESSING TO: register@ccsf.edu**  
**REGISTRATION CENTER, MUB, RM.130B**