

Excess/Deficit Program Request

Submit this petition to the Undergraduate Studies office at least 5 days in advance of the pertinent schedule adjustment deadlines published in GOLD.

NAME: _____ PERM #: _____

MAJOR: _____ EMAIL: _____ PHONE #: _____

QUARTER EFFECTIVE: FALL _____ WINTER _____ SPRING _____ SUMMER _____
year year year year

STATUS: Continuing _____ Returning _____ New _____ Summer Session _____

Have you declared candidacy for the effective quarter? Yes _____ No _____

Are you an International Student? Yes _____ No _____

CHECK ONE:

_____ REQUEST FOR AN EXCESS PROGRAM

Explain below your reasons for undertaking an excess program. Use the back of this form if necessary.

_____ REQUEST FOR A DEFICIT PROGRAM

Explain why you are enrolling in a deficit program. Use the back of this form if necessary.

LIST COURSES YOU ARE CURRENTLY ENROLLED IN:

| Course | Units | Instructor |
|--------|-------|------------|
| | | |
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| | | |

LIST COURSE ADJUSTMENTS YOU ARE REQUESTING TO MAKE TO YOUR SCHEDULE

| Add/Drop | Course | Units | Instructor |
|----------|--------|-------|------------|
| | | | |
| | | | |
| | | | |

TOTAL UNITS, IF APPROVED: _____

Approval does not guarantee enrollment in a course or a partial refund to your quarterly fees.

For information regarding fee reductions, please contact the Office of the Registrar in SAASB 1101.

STUDENT'S SIGNATURE: _____

DATE: _____

| | | |
|---|---------------------------|-----------|
| ACTION OF THE ASSOCIATE DEAN OF UNDERGRADUATE STUDIES : | Approved | Denied |
| Date: _____ | Adjustment made on: _____ | By: _____ |