

## 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

**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: 3/29/2024

ACTION OF THE ASSOCIATE DEAN OF UNDERGRADUATE STUDIES :

Approved

Denied

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

Adjustment made on: \_\_\_\_\_

By: \_\_\_\_\_