



Qtr _____ Adv _____ LI _____ LO _____

EXCESS PROGRAM REQUEST

You may submit this petition to our office at 1117 Cheadle Hall or mail to the address above.

PLEASE PRINT NEATLY

NAME: _____ PERM #: _____
LAST FIRST M

PHONE: _____ U-MAIL ADDRESS: _____@umail.ucsb.edu

MAJOR: _____

QUARTER EFFECTIVE (please check one): FALL WINTER SPRING SUMMER SESSION

Explain below your reasons for undertaking an excess program:

List all courses you propose to complete for the quarter specified above:

Department Name, Course #	Units

TOTAL UNITS: _____

STUDENT'S SIGNATURE: _____ DATE: _____

<u>ACTION OF THE DEAN OF UNDERGRADUATE EDUCATION:</u>	
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
_____ Dean of Undergraduate Education	_____ Date

The decision of the Dean will be sent to your u-mail account.