



DEFICIT PROGRAM REQUEST

PLEASE PRINT NEATLY. You may submit this petition to our office at 1117 Cheadle Hall or mail to the address above. For information about the partial refund of the Education Fee, please contact the Office of the Registrar, 1101 SAASB. Please note: fee reduction is not automatic and requests are due in the Office of the Registrar before the first day of the effective quarter.

NAME: _____ PERM #: _____

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

DECLARED MAJOR(s): _____

Are you an international student? YES NO

EFFECTIVE QUARTER (please check one): FALL WINTER SPRING

Student Statement

◆ The reason for my deficit program is concerned with one or more of the following conditions:

- Personal Medical Academic Employment Other

If Employment – List name, address, and phone number of employer and hours of work per week. If for any reason you would prefer that your employer not be contacted for verification of employment, please submit a letter from your employer stating how long you have worked and the number of hours employed weekly.

◆ Explain in detail each of the reasons checked above.

Note: It is your responsibility to drop any courses on GOLD by the published deadline.

Please list your proposed deficit program below:

| Department Name, Course # | Units |
|---------------------------|-------|
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| | |
| | |
| | |

TOTAL UNITS: _____

I understand an approval of a deficit load does not automatically grant an exception to the MCP policy. I must petition separately for an exception to the MCP policy.

For more information regarding this policy, please visit <http://duels.ucsb.edu/advising/planning/mcp>

STUDENT'S SIGNATURE: _____ DATE: _____

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

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