



Qtr _____ Adv _____ LI _____ LO _____

DEFICIT PROGRAM REQUEST

You may submit this request to our office at 1117 Cheadle Hall or send it as an attachment to academic_advising@Ltsc.ucsb.edu. For information about the partial refund of the Education Fee, go the Registrar's Forms website: <https://registrar.sa.ucsb.edu/Forms>. 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: _____@umail.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

TOTAL UNITS: _____

STUDENT'S SIGNATURE: _____ DATE: _____

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

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