



## EXCESS PROGRAM REQUEST

You may submit this request to our office at 1117 Cheadle Hall or email it to [academic\\_advising@Ltsc.ucsb.edu](mailto:academic_advising@Ltsc.ucsb.edu).

### 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:

Please note, except in the case of hardship, a late drop of a course will likely not be approved for student with an approved excess program.

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

Department Name, Course #	Units

TOTAL UNITS: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b><u>ACTION OF THE DEAN OF UNDERGRADUATE EDUCATION:</u></b>	
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.

