



EXCESS PROGRAM REQUEST

You may submit this request to our office at 1117 Cheadle Hall or email it to 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: _____

ACTION OF THE DEAN OF UNDERGRADUATE EDUCATION:

Approved Denied

Dean of Undergraduate Education Date

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

