

Qtr _____ Adv _____ LI _____ LO _____



PERMANENT DEFICIT REQUEST

NAME _____ PERM# _____

U-MAIL ADDRESS _____ PHONE (____) _____

EFFECTIVE QUARTER _____

Since my personal circumstances are such that I do not foresee the possibility of undertaking the required minimum 12 units per term during the remainder of my undergraduate studies, I hereby apply for classification as a part-time student. This application, if approved, will eliminate the need to petition for a deficit program at the beginning of each quarter.

The following reminders are given:

- 1) Those part-time students who are taking fewer than 12 units are eligible for a reduction of the educational fee. Please check the *Schedule of Classes* for details.
- 2) Approval of this request is in no way related to determination of eligibility for financial aid and any questions regarding receipt of aid should be directed to the Office of Financial Aid, the Veterans Administration, Social Security Administration, Housing & Residential Services, or other source agency as appropriate.
- 3) Candidates for a bachelor's degree must be registered in the university for at least three terms to fulfill the university's academic residence requirement. A term is a regular quarter in which a student enrolls in six or more units of resident courses. Each UC summer session in which at least two units are completed is the equivalent of half a term's residence.
- 4) Students who have been approved for permanent deficit status are automatically granted an MCP exception.

Please complete the second page of this form. We treat all information that you provide with sensitivity, and it will be held in strict confidence except in the rare instance where the law or university policy requires otherwise. **You will receive notification of the action taken by u-mail.**

ACTION OF THE DEAN OF UNDERGRADUATE EDUCATION:

APPROVED

DENIED

DEAN OF UNDERGRADUATE EDUCATION

DATE

Deficit program of fewer than 12 units per quarter will be approved only for justifiable and verifiable reasons such as physical limitation, family responsibilities or excessive hours of employment. Please specify your reasons for requesting classification as a part-time student below.

Family Responsibilities (Please describe)

Employment (Please include a letter from your employer certifying how long you have been employed and the specific hours worked weekly)

Medical Problems (Include letter from physician)

Other (Explain in detail - documentation may be requested)

Signature

Date