PETITION TO DROP FROM DEGREE LIST

Please return petition to: Office of Instruction & Student Affairs, 260 Mulford Hall Berkeley, CA 94720-3100 • Tel:(510) 642-0542 • Fax: (510)-643-3132

Student name (please print)		Student ID Number
Email address (required for	response)	Phone number
Major(s)		First Enrolled at Berkeley
	NAME FROM THE CANDIDACY LIST FO ace is needed, use the back of this form or attach	1 0
	where you are taking them in the space below. A	duate next semester as a non-registered student, please list also, please call your major department to verify eligibility
<u>School</u>	Department and Course Number	Semester Units
Student Signature		
Major Advisor's Signature	· · · · · · · · · · · · · · · · · · ·	Date
You must request grad1) via Tele-BEA2) by contacting	a Bachelor Candidate Degree Form (available	
Please allow 5-10 working a postal address below:	days for a response, which will be sent to you vi	
	dacy: Approved Denied Date: Comme	nts: