

PETITION FOR REDUCED STUDY LOAD

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

This form is due by the Friday of the third week of instruction.

Student name (please print) Email address (required for response) Major(s)		Student ID Number Phone number Semester for reduced study load: Fall Spring Year:					
				CURRENTLY ON DEGREE LIST FOR: Fall Spring Summer You Not on a Degree List		CAL UNITS FOR REDUCED STUDY	LOAD:
				PROPOSED SCHEDULE:			
Courses	Units	Courses	Units				
REASON:							
Graduating Senior completing remaini	ing requirements.						
Other (If additional space is needed, use t	he back of this form of	r attach separate documentation):					
Student Signature		Date					
Academic Advisor's Signature		 Date					
PLEASE NOTE: You may request a reduced study load of Students on the degree list may enroll in while the college may approve a reduced insurance purposes, credit cards, etc., you If your CalCentral does not reflect the cabout updating your Expected Graduation	a as few or as many und study load for degree ou will not be considered term ion Time (EGT) before	nits as needed for graduation. However ee candidacy, should you require verific ered a full-time student. I for graduation, you should talk with y re submitting this form.	cation for financial aid,				
Request for Reduced Study Load: Approv Processed by: Dat		•					