

REDUCED COURSE LOAD DUE TO CAREGIVING & OTHER REASONS

*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 the Friday of the third week of instruction.

Student Name (Please print)

Student ID Number

Email Address

Phone Number

Mailing Address

Desired Number of Units

Major

Initials **I am seeking a reduced course load due to caregiving/other responsibilities. If I am requesting a semester course load of fewer than two academic courses (min. 3 units each), I understand that I must meet with an advisor. I certify that the above information is correct and may be verified by the College.**

Caregiving **Others**

Please Explain _____

Initials **I understand that I am required to inform the College of my intent to take a reduced study list each applicable semester.**

Initials **If I receive financial aid, I will check with the Financial Aid Office each semester to determine how my award will be affected by enrolling in fewer than 13 units.**

This Semester's Proposed Schedule:

| | Courses | Units |
|--------------|---------|-------|
| Fall _____ | | |
| Spring _____ | | |
| Summer _____ | | |

Student Signature

Date

For College Use Only:

This petition is approved for: Fall Spring Summer Year: _____

Signature of CNR Dean or Dean's Representative

Date