

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 _____

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.

Initials _____

Caregiving Others

Initials _____ **Please Explain** _____

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

_____ **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 12 units.**

_____ **If I am an international student, I will check with the Berkeley International Office each semester to determine how my student status will be affected by enrolling in fewer than 12 units.**

This Semester's Proposed Schedule:

Fall _____

Spring _____

Summer _____

Courses	Units

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