

REQUEST FOR ADDITIONAL SEMESTER

INSTRUCTIONS: Please provide your reasons for requesting an additional semester. If additional space is needed, please attach a separate page. Supporting documentation may be required. *Requests to complete minor programs will not be received.

Please PRINT your name as it now appears on University records.

Name: _____ SID #: _____

Local Address: _____

Phone #: _____ Major(s) _____

E-mail Address: _____ Units Currently Enrolled In: _____ Term: _____

- Checkboxes for DSP, Family/Parent, Athlete, Employment, Study Abroad, Other. Includes fields for DSP Advisor Name and Email.

EXPLANATION:

Multiple horizontal lines for providing an explanation.

Student's Signature _____ Date _____

FOR CNR OFFICE USE ONLY

Action Recommended: _____ Signed _____ Date _____ Dean or Dean's Representative

PROPOSED SCHEDULE OF CLASSES FOR EXTRA SEMESTER

Beginning with the **current** term indicate all courses you plan to take, including those needed to complete major(s), college/school, and University requirements.

Fall ____	Units	Spring ____	Units	Summer ____	Units
Total		Total		Total	

Fall ____	Units	Spring ____	Units	Summer ____	Units
Total		Total		Total	

Fall ____	Units	Spring ____	Units	Summer ____	Units
Total		Total		Total	

Major Advisor's Signature

Date