

UNIVERSITY OF CALIFORNIA, LOS ANGELES
EXCESS STUDY LIST PETITION

CIRCLE FALL WINTER SPRING
 QUARTER I SS II SS

STUDENT NUMBER: U

Name: _____ Major: _____
(LAST) (FIRST) (MIDDLE)

REASON FOR THE REQUEST

(FOR COLLEGE USE)

Approved for _____ units

By: _____

Date: _____

All changes in study list must be made by _____

PROPOSED STUDY LIST	CRD	
	DTL	UNITS
TOTAL REQUESTED UNITS		

LAST QUARTER'S STUDY LIST	UNITS GRADE	
	UNITS	GRADE
TOTAL UNITS		

Date: _____ Student's Signature: _____

SUBMIT YOUR APPROVED EXCESS STUDY LIST PETITION TO THE REGISTRAR WHEN YOU ENROLL.