

## PART-TIME ENROLLMENT

NAME (print)			
SAA USER ID			
MAJOR			
APPLICABLE QUARTER-			
ppropriate Dean or designated	representative only for reas	sis with the accompanying fee reductions sons of occupation, family responsibilities, clents, except as specifically authorized by t	or health. No major o
ffice six weeks priorto the effect	tive quarter. There is a max	s, file the white copy of this form inthe Reg simumlimit of <b>6</b> units per quarter for gradua s not valid for more than three academic qu	te academic student
request permission to enroll on	a part-time basis for the fo	llowing reason(s):	
SIGNATURE	DATE	_	
GRADUATE ADVISOR *	DATE	DEAN OF THE GRADUATE DIVISION	DATE

<sup>\*</sup>Nursing students must obtain signature of Director of Student Affairs.