

PART-TIME ENROLLMENT

NAME (print)			
SAA USER ID			
MAJOR			
APPLICABLE QUARTER-			
opropriate Dean or designated	representative only for reas	is with the accompanying fee reductions sons of occupation, family responsibilities, onto ents, except as specifically authorized by the	r health. No major o
fice six weeks priorto the effect	tive quarter. There is a max	s, file the white copy of this form in the Regi imumlimit of 6 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 fol	llowing reason(s):	
SIGNATURE	DATE	_	
GRADUATE ADVISOR *	DATE	DEAN OF THE GRADUATE DIVISION	DATE

^{*}Nursing students must obtain signature of Director of Student Affairs.