**Petition to Extend Enrollment**

Name: ______________________  SID: W  ______________________
Phone: ______________________  E-mail: ______________________@ucsc.edu
College: ____________________  Major(s) & Minor: ______________________

Remaining General Education/University requirements:

- __________________________
- __________________________
- __________________________
- __________________________

Remaining Major/minor requirements:

- __________________________
- __________________________
- __________________________
- __________________________

**Academic plan to complete degree requirements**

<table>
<thead>
<tr>
<th>Fall UPT?</th>
<th>Wtr. UPT?</th>
<th>Spr. UPT?</th>
<th>Summer</th>
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Total Credits: Total Credits: Total Credits: Total Credits:

**Extension Adjustments (College office use only)**

As of the end of _________ Quarter, 20 _________
Total credits earned ________ + Total credits in plan ________ = Total ________

**Adjustments for students who enter with fewer than 90 transfer credits:**

Total transfer credit:
Adjustment for AP and/or IBH credits: -
Adjustment for summer transfer credits after matriculation: -
Adjusted transfer credit total:
Adjusted transfer credit ÷ 15 = equivalent quarters
Regular UCSC quarters (FWS) completed: [ ___ Part-time ] +

*Total Quarters Completed:*

Quarters Remaining: __________
15th quarter equivalent: __________

**Adjustments for students who enter with 90 or more transfer credits:**

Allotted Quarters
Transfer credit since admission:
Adjustment for summer transfer credits -
Adjusted transfer credit total:
Adjusted transfer credit ÷ 15 = equivalent quarters
Regular UCSC quarters (FWS) completed: [ ___ Part-time ] +

*Total Quarters Completed:*

Quarters Remaining: __________
9th quarter equivalent: __________

**Final approved quarter:**

Extension granted beyond 5 years (3 for transfers) Yes or No (circle one)
Number of extra quarters ________ Number of extra credits ________

Notes: ________________________________

____________________________________
Major Advisor Date

____________________________________
2nd Major/Minor Advisor Date

**College Approval**

____________________________________
Date

**Provost Approval beyond 5 or 3 years**

____________________________________
Date

Revised 8/2008

*The above plan will allow the student to complete all major/minor requirements*

Department Signature Required: Yes or No (circle one)