



CCS DEFICIT PROGRAM REQUEST

NAME: _____ PERM #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

MAJOR(s): _____ EMAIL: _____@ucsb.edu

EFFECTIVE (indicate year): Fall ____ Winter ____ Spring ____

TYPE OF DEFICIT PROGRAM: One Quarter Permanent (indicate end date): _____

STATUS: Continuing Returning New

Are you an international student? Yes No

Do you have Financial Aid? Yes No

PLEASE NOTE: Approval of a deficit program by your College does not guarantee a partial refund of the quarter's educational fee. To qualify for a partial refund of the educational fee a completed Request for Partial Fee Reduction Petition must be submitted to the Office of the Registrar, and will be considered after the college Deficit Program Request has been approved.

STUDENT STATEMENT

Reason for my deficit program request:

Personal Medical Academic Employment Degree Candidate Other

If Employment: List name/ address of employer and hours of work per week. If for any reason you would prefer that your employer not be contacted for verification of employment, please submit a letter from your employer stating how long you have worked and the number of hours employed weekly.

Explain in detail each of the reasons checked above:

(for a medical reason, do not include diagnoses or medical details)

For Permanent, PLEASE NOTE:

You must meet one of the following:

- Employed more than 20 hours per week for pay (*proof of employment must be attached*), or
- Have documented special medical circumstances (*medical/doctor's note statement must be attached*), or
- Have family responsibilities, such as dependent children



QUARTERLY PROPOSED STUDY LOAD

Department/Subject	Course Number	# of Units	Instructor

Total Units: _____

Note: *You must be enrolled in 10 units or less at the time you submit this form.* If you are enrolled in more than 10 units, you must note your plan to drop courses. If a partial refund of your quarterly fees is approved, your refund will be cancelled if at any time during the quarter your enrollment exceeds 10 units. If any information cannot be confirmed or is insufficient to justify approval, your request for partial refund may be denied

I understand that an approval of a deficit program by the College does not guarantee approval of partial educational fees, and that a Request for Partial Fee Reduction must be submitted to the Office of the Registrar.

STUDENT SIGNATURE: _____

DATE: _____

CCS Faculty Advisor Recommendation:

Approved Not Approved

FACULTY ADVISOR SIGNATURE: _____ DATE: _____

Action of the Dean of College of Creative Studies:

Approved Not Approved

DEAN'S SIGNATURE (if approved): _____ DATE: _____

Office Use Only

Processed by College _____ Student Notified (date) _____