

Undergraduate Part-time Final Quarter Approval

Quarter: F W S Year: _____

Name: _____ ID: _____ Date: _____

Students are eligible for the Undergraduate Part-Time Program if they are in their last quarter to graduate and have 10 or fewer credits to complete. Signatures from your college and department advisers are required for approval. Submit this completed form along with the Undergraduate Part-Time Program application to the Office of the Registrar by the deadline. All application materials must be received by the deadline. Approval for the Part-Time Program as a last quarter graduating senior is limited to one quarter.

College

University Requirements	<input type="checkbox"/> Complete	<input type="checkbox"/> Not Complete	list courses needed		
Credit Requirement	<input type="checkbox"/> Complete	<input type="checkbox"/> Not Complete	credits needed	in-progress credits	credits/final quarter
GE Requirements	<input type="checkbox"/> Complete	<input type="checkbox"/> Not Complete	list GE courses needed		
College Requirement	<input type="checkbox"/> Complete	<input type="checkbox"/> Not Complete	list courses needed		
Senior Residency Requirements	<input type="checkbox"/> Complete	<input type="checkbox"/> Not Complete			
UC GPA	<input type="checkbox"/> Complete	<input type="checkbox"/> Not Complete	GPA needed		
Percent Pass/Not Pass	<input type="checkbox"/> Complete	<input type="checkbox"/> Not Complete	list courses needed		

I verify that this student can complete the requirements listed above this quarter and approve his/her participation in the part-time program.

College Adviser _____ Date _____

Department

1 Major: _____

Complete Not Complete list courses needed

I verify that this student can complete the requirements listed above this quarter and approve his/her participation in the part-time program.

Department Adviser _____ Date _____

2 Major or Minor: _____

Complete Not Complete list courses needed

I verify that this student can complete the requirements listed above this quarter and approve his/her participation in the part-time program.

Department Adviser _____ Date _____

3 Major or Minor: _____

Complete Not Complete list courses needed

I verify that this student can complete the requirements listed above this quarter and approve his/her participation in the part-time program.

Department Adviser _____ Date _____