



MAXIMUM UNIT LIMITATION APPEAL

University of California, San Diego – La Jolla, CA 92093

Name: _____ PID: A _____
(Last) (First) (Middle)

Email Address: _____@ucsd.edu Phone: _____

Admit Type: First-year Transfer Admit Term: _____ College: _____

Major(s): _____ Minor(s): _____

To appeal to continue beyond the established maximum unit limitation, follow the procedures noted below:

- **Statement:** Please explain your reasons for not meeting minimum graduation requirements within University limitations.
- **Quarter By Quarter Plan:** Complete the attached quarter by quarter plan outlining your remaining courses for graduation.
- **Signatures:** Obtain signatures from major and minor advisor(s).
- **Return** the completed and signed Appeal form, Quarter by Quarter plan, and Statement of Purpose to your College Academic Advising Office.

FOR DEPARTMENT/PROGRAM USE ONLY:

Approval indicates verification that the attached plan is the most efficient path to graduation.

Approved Disapproved: _____
Major Advisor Phone Ext. Date

Approved Disapproved: _____
Second Major Advisor (if applicable) Phone Ext. Date

Approved Disapproved: _____
Minor Advisor (if applicable) Phone Ext. Date

Approved Disapproved: _____
Second Minor Advisor (if applicable) Phone Ext. Date

NOTES:

FOR COLLEGE USE ONLY:

Approved Disapproved: _____
Provost or College Representative Date

NOTES:

Cumulative Units Completed: _____

Units Deducted: _____

Projected Units: _____

TOTAL: _____



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Quarter by Quarter Plan

Identify type of requirement: Major (MA), Minor (MI), General Education (GE), University (UN), Elective (EL).

EXAMPLE:

Qtr/Yr: FA15	Type	Units
LISL 1A/AX	GE	5
MATH 10A	MA	4
MGT 18	UN	4
MUS 95G	EL	2
Total Qtr Units:		15

Include the current quarter in the plan below:

Current Qtr/Yr	Type	Units	Qtr/Yr: _____	Type	Units	Qtr/Yr: _____	Type	Units	Qtr/Yr: _____	Type	Units
Total Qtr Units:			Total Qtr Units:			Total Qtr Units:			Total Qtr Units:		

Qtr/Yr: _____	Type	Units	Qtr/Yr: _____	Type	Units	Qtr/Yr: _____	Type	Units	Qtr/Yr: _____	Type	Units
Total Qtr Units:			Total Qtr Units:			Total Qtr Units:			Total Qtr Units:		

Total Number of Units Remaining to Graduate (including Work in Progress): _____ Expected Quarter of Graduation: _____

If this appeal is approved, your academic progress will be monitored for compliance. If there are any changes to your academic plan, you must contact your College Academic Advising Office immediately. Failure to comply with this approved academic plan will result in cancellation or holds placed on enrollment and registration.

Student Signature: _____ Date: _____