



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: Freshman / Transfer (circle) 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 department(s).
- Return the completed and signed Appeal form, Quarter by Quarter plan, and Statement of Purpose to your College Academic Advising Office.

FOR DEPARTMENTAL USE ONLY:

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

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved:	_____	_____
		<i>Major Dept. Advisor</i>	<i>Phone Ext.</i>
			Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved:	_____	_____
		<i>Secondary Major Dept. Advisor (if applicable)</i>	<i>Phone Ext.</i>
			Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved:	_____	_____
		<i>Minor Dept. Advisor (if applicable)</i>	<i>Phone Ext.</i>
			Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved:	_____	_____
		<i>Secondary Minor Dept. Advisor (if applicable)</i>	<i>Phone Ext.</i>
			Date

NOTES:

FOR COLLEGE USE ONLY:

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved:	_____	_____
		<i>Provost or College Representative</i>	Date

NOTES:

Cumulative Units Complete: _____
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)

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: _____