



❖ **STUDENT**

Name: _____

PID#: _____

Major Code: _____

Degree Aim: _____

I REQUEST TO:

A. Be readmitted to UCSD for _____ to _____.
Quarter/Year Department/Degree Aim/Major Code

B. Waive _____ academic residency after filing advancement and completion of degree requirements.
Quarter(s)/Year(s)

C. Other: _____

REASON(S):

If applicable, the Filing Fee and/or Readmission Fee will be charged to the student's TritonLink account.

Student Signature: _____
Date

❖ **GRADUATE PROGRAM**

Petitions involving transfer from one department/group/school require the signature below of the chair of the department or group, or the dean of the school into which the student is transferring.

Approved: _____
Faculty Advisor/Instructor Date

Approved: _____
Department Chair/Program Director/School Dean Date

Approved: _____
Department Chair/Program Director/School Dean Date

❖ **GRADUATE DIVISION**

Approved: _____
Dean of the Graduate Division Date

❖ **REGISTRAR**

Approved: _____
Registrar Date