

Simultaneous Enrollment

CA&ES Dean's Office · 150 Mrak Hall · (530) 752-0108 https://caes.ucdavis.edu/students/advising

Name e :						
Name:	(Print) Last	First	MI	ID #:		
Major:			UCD Email:	Phone #:		
		•		ng in classes at desired institution: ith the CA&ES Dean's Office, 150 Mrak Hal	l.	
•	UCD courses take	precedence over trai		od academic standing. orior to requesting late action (drop or P/NP) for UC cou	·ses.	
I am re	questing simulta	aneous enrollmer	nt during regular to	erms (fall, winter, spring) at the following school	ol:	
	y/College Name		Course Name	<u> </u>	Unit	
Quarter/	Semester		Course Name		Unit	
	n for request:	v the CAFS Dean's	Office may not appl	y to degree requirements for other colleges.		
WOLC: L.	xceptions made b	y the CALS Dean's	Office may not apply	to degree reguliernems for other coneges.		
Student's Signature				Date		
<u>REVIEV</u>	N FROM MAJOR	R DEPARTMENT (MAJOR OR MASTE	R ADVISOR):		
Comm	ents (optional):					
 Signatı		Date		Approved By (Print)		

1 of 2 Updated: 3/6/2019

FOR DEAN'S OFFICE USE ONLY									
PETITION ST	ATUS: Approved		Denied						
Comments (optional):								
Approved By	y (Print)								
Signature		Date							
Cc:	Student	Advisor	Admissions						
	-		ed is not guaranteed approved neous enrollment application i	-					

processed as soon as possible. It is recommended this form be submitted one quarter prior to projected

enrollment.

2 of 2 Updated: 3/6/2019