Petition for Credit by Examination

University of California, San Francisco Office of Admission and Registrar (OAR) 500 Parnassus, MU 200 W San Francisco, CA 94143-0244

STUDENT:

- 1. Fill out your information
- 2. Obtain required approval signatures
- 3. Return petition to OAR and pay \$5 fee

Last Name, First Name, Middle Name		UCID/SAA User Id	
Local mailing Address			
Professional School	Year	Graduate	Academic Major
Permission is requested to un	idertake an examina	tion for credit in the fo	llowing course:
Department Name Cours	e Number	Units	Instructor
INSTRUCTOR:			
Student's Knowledge of this su	ubject may be tested by	y examination Yes_	No _
Student's preparation for the ex	xamination appears sa	tisfactory Yes_	No _
Examination required is: Reg	ular Final _ Spec	cial Examination _	
Date on which examination wi	ll be held:		
Instructor's Signature	Date		
STUDENT AFFAIRS OFFIC	CE:		
Examination for credit approve	ed for: Course Title	Number	Unit
Credit toward degree requirem	ents (number of units)	:	
Student Affair's Signature	Е	Date	
Office of Admission and Reg	istrar Section		
\$5 payment received by:		Date:	
Petition processed by:		Date:	