

Petition for Substitution of Course

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

(Please Print)

Last Name, First Name, Middle Name

UCID/SAA User ID

School & Year

COURSE REQUIRED FOR PROFESSIONAL DEGREE

Course Name	Number	Quarter Units	Name of Instructor

Course Name	Number	Quarter Units Completed	Name of Institution	Instructor's Approval

Student's Signature

Date

STUDENT AFFAIRS OFFICE:

Credit toward degree (quarter units): _____

Signature Approval: _____ Date: _____

OFFICE OF THE REGISTRAR:

Petition Processed by: _____ Date: _____