

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 |
|-------------|--------|---------------|--------------------|
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| 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: _____