Office of the **Registrar**

University of California, San Francisco
Office of the Registrar, Box 0244
500 Parnassus Ave, Room MU200W
San Francisco, CA, 94143

LATE STUDY LIST FORM

Name _____ Quarter & Year _____
Last First Middle

School, Major & Level _____ MyAccess ID _____

Course (e.g. BIOSTAT 190)	**Units***	**Instructor**	**✓ to Indicate Grade Type†**	
			Letter	**S/U or P/NP**

* See the Schedule of Classes (*https://saa.ucsf.edu/courseschedule*) for the range of possible units.

† Refer to the Schedule of Classes (*https://saa.ucsf.edu/courseschedule*) for available grading types for each course. Selections for unavailable grading types will be disregarded. If a course allows "Any grade," the grade will be a letter grade if no column is checked.

Signature _____ Date _____

Approval _____ Date _____
Required only for Medicine 3 and 4 students.
Obtain approval in SOM Undergraduate Medical Education (S-245).

FEE & PAYMENT

Fee is $50. This amount has already been added to your fees in the student portal. This form can be submitted in advance of making payment. Fully signed forms can be brought or mailed to the address above. They can also be faxed to (415) 476-9690, or you may scan and send as attached PDF to jeff.harter@ucsf.edu.