

STUDY LIST CHANGE PETITION

Name _____ Quarter & Year _____
Last First Middle

School, Major, & Level _____ Student ID _____

⇒ For **add** or **drop**, complete all information.

⇒ For **changes**, indicate only the change to units, instructor name, or grade type.

Course <small>(e.g. BIOSTAT 190)</small>	✓ to Select Action			Units*	Instructor Name	Instructor Signature <small>(not required to change grade type through 7th week of term)</small>	✓ for Grade Type [†]	
	Add	Drop	Change				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.

Total units on study list after the change(s) requested above: _____

Student Signature _____ Date _____

In addition to instructor and student signatures, program approval prior to submission is required as follows:

School	Office	Location
Dentistry	Educational Services	D-4010
Medicine	Undergraduate Medical Ed.	S-245
Nursing	Student Affairs	N-319
Pharmacy	OSACA	S-960
Graduate Division	Advisor	***

Program Approval _____ Date _____

FEE & PAYMENT

Fee is \$5. Please indicate payment method:

- Check or money order payable to UC Regents
Deliver form and payment in-person or mail to UCSF Office of the Registrar, 500 Parnassus Ave MU-200W, Box 0244, San Francisco CA 94143-0244.
- Visa / MasterCard / Discover / American Express
If faxing, fill in credit card information. Fax to 415-476-9690.
 Card No. _____
 Expiration Date ____ / ____

University policy does not allow us to accept credit card information by e-mail. If you need to submit this form by e-mail, please enter your daytime telephone number in the "Card No." field, and we will call you to ask for your credit card information.