**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)

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**Last Name, First Name, Middle Name**

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**SAA User ID**  
**School & Year**

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**COURSE REQUIRED FOR PROFESSIONAL DEGREE**

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Number</th>
<th>Quarter Units</th>
<th>Name of Instructor</th>
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<thead>
<tr>
<th>Course Name</th>
<th>Number</th>
<th>Quarter Units Completed</th>
<th>Name of Institution</th>
<th>Instructor’s Approval</th>
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**Student’s Signature**  
**Date**

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**STUDENT AFFAIRS OFFICE:**

Credit toward degree (quarter units): _________________

Signature Approval: ___________________________  
**Date:** __________________

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**OFFICE OF THE REGISTRAR:**

Petition Processed by: ___________________________  
**Date:** __________________