Petition for Credit by Examination

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

STUDENT:

- 1. Fill out your information
- 2. Obtain required approval signatures
- 3. Return petition to OAR and pay \$5 fee

| Last Name, First Name, Middle Name | | UCID/SAA User Id | |
|------------------------------------|-------------------------|------------------------------|----------------|
| Local mailing Address | | | |
| Professional School | Year | Graduate A | Academic Major |
| Permission is requested to up | ndertake an examin | nation for credit in the fol | lowing course: |
| Department Name Cours | se Number | Units | Instructor |
| INSTRUCTOR: | | | |
| Student's Knowledge of this s | ubject may be tested | by examination Yes _ | No _ |
| Student's preparation for the e | xamination appears | satisfactory Yes _ | No _ |
| Examination required is: Reg | gular Final _ Sp | pecial Examination _ | |
| Date on which examination wi | ill be held: | | |
| Instructor's Signature | | Date | |
| STUDENT AFFAIRS OFFI | CE: | | |
| Examination for credit approv | ed for: Course Title | Number | Unit |
| Credit toward degree requirem | nents (number of unit | ts): | |
| Student Affair's Signature | | Date | |
| Office of Admission and Reg | istrar Section | | |
| \$5 payment received by: | | Date: | |
| Petition processed by: | | Date: | |