

UNIVERSITY OF CALIFORNIA, RIVERSIDE
COLLEGE OF HUMANITIES, ARTS, AND SOCIAL SCIENCES

Request for Letter of Reciprocity

This form should only be submitted if ALL COLLEGE BREADTH REQUIREMENTS have been completed prior to transfer to another UC or CSU.

Student Information

Full Name: _____
UCR Student ID: _____ Phone: _____
E-mail Address: _____
UCR Major: _____

Recipient Information

Please select **ONE** method of communication:

E-MAIL (may take up to 5 business days)

Institution: _____
Contact Name: _____
E-mail Address: _____

OR

MAIL (may take up to 10 business days)

Institution: _____
Dept/Office: _____
Attention: _____
Street/Box #: _____
City: _____ State: CA Zip: _____

Student Signature: _____ Date: _____