UNIVERSITY OR CALIFORNIA, RIVERSIDE

REQUEST CREDIT FOR NON-UCR CONCURRENT COURSES
COLLEGE OF HUMANITIES, ARTS, AND SOCIAL SCIENCES

This petition must be approved **prior to enrollment**. Valid reasons are required to enroll in course(s) at another institution while also enrolled at UCR. Form **NOT** needed for Summer Session courses.

Year and **Quarter** course(s) are to be taken: Fall _____ Winter _____ Spring _____

_____
Last Name First Name Student ID# Major

_____
Local Address (Street, City, Zip Code) UCR Webmail Phone Number

****

Student: Reason for requesting concurrent enrollment:

_____
Student's Signature Date (*mm/dd/yyyy*)

****

Academic Advisor Notes:

_____
Advisor's Signature Date (*mm/dd/yyyy*)

****

1. _____ _____
Name of School Location

_____ _____
Course Name and Number Units Course Title

_____ _____
Date Course Begins (*mm/dd/yyyy*) Date Course Ends (*mm/dd/yyyy*)

****

2. _____ _____
Name of School Location

_____ _____
Course Name and Number Units Course Title

_____ _____
Date Course Begins (*mm/dd/yyyy*) Date Course Ends (*mm/dd/yyyy*)

****

I understand I must have **OFFICAL TRANSCRIPTS SENT DIRECTLY TO THE OFFICE OF UNDERGRADUATE ADMISSIONS AT UCR** immediately after I have completed the course(s) listed above. Transferability and unit value of courses will be determined by Admissions upon receipt of the transcript.

Dean: Approved _____ **Denied** _____
Reason:

_____
Dean's Signature

JCB 12/08