

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: \_\_\_\_\_