

# Petition to Transfer Course Credits

<b>Applicant/Student Information</b> Note: this petition is only valid for the 2023 year		
Name:	Year applying/entering UCDH:	
Mailing Address (Street, City, State, Zip):	Telephone Nos. (Include Area code):	
Email:	Date Submitted:	
<b>Please check the box next to the required UCDH prerequisite that you are petitioning</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anatomy (4 credits)</li> <li><input type="checkbox"/> Physiology (4 credits)</li> <li><input type="checkbox"/> Microbiology (4 credits)</li> <li><input type="checkbox"/> Chemistry (3 credits)</li> <li><input type="checkbox"/> Nutrition (3 credits)</li> <li><input type="checkbox"/> Psychology (3 credits)</li> <li><input type="checkbox"/> Sociology (3 credits)</li> <li><input type="checkbox"/> English (3 credits)</li> <li><input type="checkbox"/> Math (3 credits)</li> <li><input type="checkbox"/> Public Speaking (3 credits)</li> </ul>	<b>Have you taken the required prerequisite class?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled  <b>Reason For Petition:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient in credit hours <i>Number of credit hours deficient _____</i></li> <li><input type="checkbox"/> Course previously taken, similar in content</li> <li><input type="checkbox"/> Course wanting to be taken in future registration</li> <li><input type="checkbox"/> Quarter credit classes</li> <li><input type="checkbox"/> Waiving retake attempt (if taken 5+ years ago)</li> <li><input type="checkbox"/> Other: please provide an explanation below</li> </ul> <p><b>*Please provide a syllabus to include with your petition.</b>  <b>Your petition will not be reviewed without one.</b></p>	
<b>Substitution Course Information (course/credit hours being petitioned)</b>		
Transfer Institution:	City, State:	
Department & Course Number:	Course Title / Semester Taken:	
Credit Hours:	Grade:	
<b>Equivalency and Substitution Review (completed by UCDH course evaluator)</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments/Rationale:	
Applicant/Student Provided The Following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Transcript/Registration</li> <li><input type="checkbox"/> Course Description</li> <li><input type="checkbox"/> <u>Syllabus</u></li> <li><input type="checkbox"/> Letter From Course Instructor/Department</li> </ul>		
Approved/Denied By (Please Print):	Title:	
Signature:	Date:	Number of credit hours transferred to UCDH: