

Student Instructions:

1. Student completes sections I, II and III. Along with this form, **provide course descriptions** and submit to the Office of the Registrar, LM 217 to review and determine USF equivalency for desired courses.

I. STUDENT INFORMATION

USF ID: _____
 Name: _____
 Telephone Number: _____
 USF Email Address: _____ @dons.usfca.edu
 Major: _____

II. EXTERNAL INSTITUTION INFORMATION

Institution: _____
 Institution Location: _____
 Year You Intend to Enroll: _____
 Term: (*circle one*): Intersession Spring Summer Fall

III. COURSE INFORMATION

OFFICE OF THE REGISTRAR COMPLETES

Course Number and Title	Credits	Type
		*Core (C) Major (M) Minor (N) Elective (E)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Course Equivalency	Credits	Type
		Core (C) Major (M) Minor (N) Elective (E)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

x _____
 Student's Signature (required) Date
 *Core Codes: C-A1, C-B1, C-B2, C-C1, C-C2, C-D1, C-D2, C-D3, C-E, C-F

x _____
 University Evaluator's Signature (required) Date

Student Instructions (continued)

2. Secure approval and signature from a study abroad adviser (if applicable)
3. Secure approval and signature from your major department chair.
4. Secure exceptions, approval and signature from your dean.
5. Return your completed petition to the Office of the Registrar, LM 217.
6. Upon completion of coursework, request an official transcript from the host institution to be mailed to:
Office of the Registrar, Attn: PEAI Records, LM 217
University of San Francisco
2130 Fulton Street, San Francisco, CA 94117-1080

APPROVALS (With Date of Signature)

_____	_____	_____	_____
Major Department Chair (required)	Date	Center for Global Education (required if Studying Abroad)	Date
_____	_____	Residency requirement waived: _____	
Academic Dean (required)	Date	Include in USF GPA: _____	

For Office Use Only. Please Do Not Write In The Space Below.

_____ Date Received _____ Operator's Initials _____ Date Entered _____ Operator's Initials