



COURSE SUBSTITUTION REQUEST

Cashier's Office, 102 Hahn Building, 1156 High St.
University of California Santa Cruz
Santa Cruz, CA 95064-1077
Information: (408) 861-3700

FOR PAYMENT BY CHECK

To be considered, the course must have been taken within the past five years with a grade C or better (unless otherwise indicated), must be equivalent in units and content, and be from an accredited academic institution. Educational units from foreign schools must be converted to U.S. equivalents before consideration as substitution(s). Check with the specific department for additional requirements in certain programs.

To initiate a review of your request, please complete this form and submit with the following documentation and fees:

- ▶ Transcript (copy okay)
- ▶ Course Description
- ▶ Course Outline
- ▶ \$40 Evaluation Fee (non-refundable). Fee waived for University of California and UCSC Extension in Silicon Valley courses.
- ▶ Certificate Application with Fee (if not already enrolled)

TO PAY BY CHECK, complete and print this form, attach your check and mail to the Cashier's Office at the above address. Make checks payable to Regents, University of California. Your registration will not be complete until your check has been processed.

STUDENT INFORMATION (Please print clearly)

Name _____ Student ID # _____ Date _____

Address _____
City _____ State _____ Zip _____

Phone _____ E-mail _____

DEPARTMENT

(Submit documentation to UCSC Extension in Silicon Valley at the address above and to the attention of the appropriate department.)

- Applied and Natural Sciences
- Business and Management
- Education
- Engineering and Technologies

PROGRAM (Indicate title of program as listed in the UCSC Extension in Silicon Valley Catalog or Web site.)

COURSE INFORMATION

UCSC Extension in Silicon Valley Course _____ Course # _____

Substitute Course _____

Date Taken _____ Units _____ Grade _____

Academic Institution Course Was Taken _____

FOR UCSC EXTENSION IN SILICON VALLEY USE ONLY

Payment Received By _____ Date _____ Approved Denied

Coordinator _____ Date _____

Director _____ Date _____