Study Abroad Petition

Petitions must be submitted to the Student Affairs Office with all the requested documentation. Lower-division courses may only be substituted for lower-division courses and the same rule applies for upper-division courses. EAP Courses should be verified via the EAP course catalog (www.eap.ucop.edu) for a list of previously approved courses and course level. Official transcripts must already be on file with the Admissions office along with the syllabus for review. BioSci Petitions require an online submission: BioSci Website> Students> Undergraduates> Forms & Services>Course Equivalency Petition. Courses from other departments other than Population Health & Disease Prevention will be submitted directly to the specific department for review.

Student Name: ___________________________________________ SID#: ________________________
Major: ___________ Cell Phone: (______)________________ Email: ___________________________@ UCI.edu

I. Course To Be Waived (One Course Per Petition)

Course Code: __________________ Course Title: __________________________________________
Department: ___________________________________________________ Units: _______________

II. Course Substitution (Completed Course)

Course Code: _______________ Course Title: __________________________________________
Institution: ____________________________________________________________
Units: _____ Grade: ___________ Term/Date: ____________ □ Lower-Division □ Upper-Division

A. Is this course EAP or IOP? __________________________
B. Is this course listed on the EAP Public Course Catalog? __________________________
C. IF APPROVED, Indicate the requirement this petition will waive: ________________________
D. DOCUMENTATION: The following must be attached for review

1. Course descriptions from both the outside institution & UCI catalog.
2. Syllabus from completed course (DO NOT SUBMIT ORIGINALS, copy on one side only)
3. Indicate your NAME & UCI Student ID # on all documents.

Student Signature: ___________________________________________ Date: ______________________

STUDENT AFFAIRS OFFICE:     □ Approved     □ Denied

Received by: ___________________________________________ Date: ______________________

Population Health & Disease Prevention Student Affairs Office
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