

REQUEST FOR CONCURRENT ENROLLMENT

OFFICE OF STUDENT ACADEMIC AFFAIRS
COLLEGE OF NATURAL & AGRICULTURAL SCIENCES

This form must be turned in prior to the actual enrollment in class(es).

Name: _____ Student ID #: _____

Major: _____ Phone #: () _____ E-Mail: _____

Address: _____
Street Apt.# City State Zip

STUDENT: Please indicate the reason for requesting courses(s) to be taken at a college other than UC, Riverside during the Fall/Winter/Spring quarter 20_____. Student **must** meet Senior Residency regulation.
Circle One

Student Signature Date

ADVISOR: Please indicate your approval or disapproval of the student's request. State fully the reasons why you do or do not support this petition. (use other side if necessary)

Advisor's Signature Date

Official transcripts **must be ordered** and sent to the UCR Office of Admissions, 1138 Hinderaker Hall, when course is completed.

Name of College – Semester or Quarter System Units Date Courses Begin & End

Course # (as appears in schedule of other institution) Units Title of Course

Course # (as appears in schedule of other institution) Units Title of Course

DEAN'S NOTES:

Dean's Signature Date