
**UNDERGRADUATE EDUCATION AND ADVISING
200 SOCIAL SCIENCES & HUMANITIES BUILDING**

COLLEGE OF LETTERS AND SCIENCE, DEANS OFFICE

REQUEST TO PURSUE UNIVERSITY EXTENSION COURSE FOR DEGREE CREDIT

To Student: Attach course description clipped from Extension bulletin.

Incomplete petition will not be reviewed.

Name _____ ID# _____
Address _____ Major _____
City _____ State _____ Zip _____ Phone _____ Email _____

Student's Signature _____ Date _____

Most recent quarter at UCD _____

Title & Number of Course _____ Department _____ Units _____ Instructor _____

I expect to begin course on _____; complete it on _____
(beginning date) (ending date)

Reason for taking course:

CONDITIONS AND RESTRICTIONS

1. **ALL UC EXTENSION COURSES (CORRESPONDENCE, CLASS, OPEN CAMPUS ENROLLMENT):**
Grade points are not awarded. Courses do not satisfy the Senior Residence Requirement (35 of final 45 units must be completed as a regularly enrolled student in the College of Letters & Science).
2. **CORRESPONDENCE AND CLASS EXTENSION COURSES:**
A total of 9 units may be offered as elective credit toward the 180-unit requirement. Units will not satisfy: 1.) L&S subject requirements, e.g., natural science, social science, humanities, foreign language; 2.) L&S 64 upper division requirement; 3.) major requirements, unless prior written approval obtained from major adviser. The Associate Dean / Director will determine the total unit credit granted toward the degree. Full credit is generally allowed if course is comparable to regular UCD offerings with respect to prerequisites, final exam or term paper, duration of course, amount of collateral reading required, and general academic rigor.
3. **REGULAR UCD COURSES TAKEN ON A CONCURRENT ENROLLMENT BASIS:**
Full unit and subject credit is granted toward degree except as provided in "1" above.

TRANSCRIPT REQUEST

Upon completion of course, request an extension transcript be sent to the UCD Undergraduate Admissions Office according to instructions outlined in Extension bulletins. Allow two to three weeks from date of request for issuance of transcript.

For Office Use

Approved for _____ units in accordance with conditions and restrictions above

Associate Dean / Director / _____ Date _____
Counselor Signature