

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO
Office of the Registrar
Mail Code 7702
7703 Floyd Curl Drive
San Antonio, TX 78229-3900

PETITION FOR COURSE REVIEW

PROGRAM: _____ DATE: _____

NAME: _____ STUDENT ID: _____

ADDRESS: _____ PHONE: _____

CITY/STATE: _____ ZIP CODE: _____

I am petitioning for a review of the Official/Unofficial Evaluation Form I received from the Office of the Registrar. The Prerequisite course that I would like to have waived or substituted is:

PREREQUISITE COURSE TO BE WAIVED/SUBSTITUTED: _____

REQUEST USING THIS COURSE (COURSE # AND TITLE): _____

SEMESTER CREDIT HOURS: _____ UNIVERSITY ATTENDED: _____

➤ **Attached you will find transcript(s), a course syllabus, and/or course description for each course listed above.** ◀

FOR OFFICE USE ONLY:

Admission Committee Chair, please sign to approve or decline the course listed above.

SIGNATURE FOR APPROVAL*

SIGNATURE TO DECLINE

*Approval granted for the class entering _____ / _____
Fall/Spring/Summer Year