

Student name & ID:_		_ UCI email:
UCI	AP Institution/Program name:	
Ter	m or Dates of Attendance:	
	one worksheet for each course you are petitioning s equivalent to a UCI course.	. You must also provide justification stating why
UCI Course or requireme	nt:	
EAP course name & num	ber:	
Link to university course EAP course description:	page or course syllabus:	

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Departmental Review	(Check One)	Approved	Denied	Date:
Faculty Advisor Name:			Faculty Signature	:



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