



UCR University Extension
 1200 University Ave.
 Riverside, CA 92507-0112

PLEASE PRINT FIRMLY

**UNIVERSITY OF CALIFORNIA, RIVERSIDE EXTENSION
 INSTRUCTOR'S APPROVAL FOR CONCURRENT ENROLLMENT**

_____ Quarter/Year _____ SIS I.D.#

Name _____
 Last First Phone No. E-mail Address

Address _____
 Number & Street City State Zip

- I am currently a registered UCR student or have been one in the past. I am a U.S. citizen: Yes No Type of Visa _____
 I am planning to apply to UCR
 I will be transferring credit from this course to another school. School: _____

For the Student: Course Information for a letter grade a S/NC basis

Course Title: _____

Department/Course Number: - (example: MATH - 009A)
 Course Type: Section: Call Number: (example: LEC 030 12981)
 Course Type: Section: Call Number: (example: DIS 040 12983)

NOTE: If there is a lecture and discussion/lab for the course you must supply BOTH numbers.

- Reason for Enrolling:** UCR graduate (year _____) Former UCR student - dismissed UCR student - last class
 Former UCR student - lapsed Visiting student Personal enrichment Other _____
 If previous UCR student (Dismissed/Lapsed), what college are you planning to attempt readmission into? _____

I acknowledge as a Concurrent Enrollment Student that I must adhere to all policies and regulations regarding student conduct, discipline, sexual harassment, substance abuse and nondiscrimination as prescribed by the University of California Riverside. <http://deanofstudents.ucr.edu/policies>

Student Signature _____ Date _____

For the Instructor:

Please note that before accepting concurrent participants it is your responsibility to assess the capacity of your class to assure that space is available for regularly enrolled students. Matriculated students have priority over concurrent enrollees.

Actively enrolled concurrent students will appear on iGrade under the "View Extension Students" tab. If a paper roster is needed please see your departmental representative. All grades and records of these enrollments will be retained by University Extension.

This student has my permission to enroll in the course indicated above.

Instructor's Name - Please Print _____

Instructor's Signature _____ Date _____

Associate Dean's Approval Required: Former UCR Student Current UCR Student More Than One Course

Associate Dean's Signature _____ Date _____
 College of HSS CNAS EGR School of EDUC GSM Grad Div.

Refund Policy (Follows Campus Policy):

- Withdrawing on or after first day of instruction:
 2-7 calendar days90% of refundable fees
 8-18 calendar days50% of refundable fees
 19-35 calendar days25% of refundable fees
 36+ calendar days0% of refundable fees

Grading: At the end of the quarter, the instructor should utilize iGrade to post your final grade under the View Extension Students tab. You will not appear on the regular class roster.

For Office Use Only:

units fee method of payment
 (Ck#, Credit Card, Cash)

date by

Trans # Section #

Reference I.D # _____
 Rev. 03/2020