



# Petition for Transfer Course Review

Identification Information	
Name	Date
Mailing Address (Street, City, State, ZIP)	Telephone Nos. (Include Area code)
E-MAIL Address:	
Transfer Course Information (to be completed by petitioner)	
Transfer Institution:	City, State
Department & Course Number:	Course Title
Credit in Semester Hours, if applicable:	Hours in Lecture:    Hours in Lab:    Grade:
Credit in Quarter Hours, if applicable:	Hours in Lecture:    Hours in Lab:    Grade:
Semester/Year Taken	
For UCDH Prerequisite Course Title:	UCDH Credit Hours:
<i>Attach copy of course description and content outline (syllabus). If course includes a lab, include lab objectives, content and activities. Be sure to include title and author of textbook(s) and lab manual(s) utilized in the course.</i>	

**Return form and supporting documents to:**

Utah College of Dental Hygiene  
Attention: Course Petition  
1176 S 1480 W  
Orem, UT 84058

**For questions regarding petition process:**

Phone: (801) 426-8234  
Fax: (801) 224-5437  
Email: [tunn@ucdh.edu](mailto:tunn@ucdh.edu)  
Online info: [www.ucdh.edu](http://www.ucdh.edu)

Equivalency and Substitution Review (to be completed by UCDH course evaluator)	
<b>Action Taken: (Please circle appropriate action.)</b>	
Approved for all students	Approved on one-time basis only      Denied
Comments/Rationale:	
Approved by (Please Print):	Date Action Taken:
Approver Signature:	