

Petition to Transfer Course Credits

Applicant/Student Information Note: This petition is only valid for the 2024 year		
Name:	Year applying/entering UCDH:	
Mailing Address (Street, City, State, Zip):	Telephone Nos. (Include Area code):	
Email:	Date Submitted:	
<p>Please check the box next to the required UCDH prerequisite that you are petitioning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anatomy (4 credits) <input type="checkbox"/> Physiology (4 credits) <input type="checkbox"/> Microbiology (4 credits) <input type="checkbox"/> Chemistry (3 credits) <input type="checkbox"/> Nutrition (3 credits) <input type="checkbox"/> Psychology (3 credits) <input type="checkbox"/> Sociology (3 credits) <input type="checkbox"/> English (3 credits) <input type="checkbox"/> Math (3 credits) <input type="checkbox"/> Public Speaking (3 credits) 	<p>Have you taken the required prerequisite class? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled</p> <p>Reason For Petition:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Deficient in credit hours <i>Number of credit hours deficient _____</i> <input type="checkbox"/> Course previously taken, similar in content <input type="checkbox"/> Course wanting to be taken in future registration <input type="checkbox"/> Quarter credit classes <input type="checkbox"/> Waiving retake attempt (if taken 5+ years ago) <input type="checkbox"/> Other: Please provide an explanation below <p>*Please provide a syllabus to include with your petition. Your petition will not be reviewed without one. If you are trying to combine two or more classes, please list the information for both classes below.</p>	
Substitution Course Information (course/credit hours being petitioned)		
Transfer Institution:	City, State:	
Department & Course Number:	Course Title / Semester Taken:	
Credit Hours:	Grade:	
Equivalency and Substitution Review (completed by UCDH course evaluator)		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments/Rationale:	
Applicant/Student Provided The Following:		
<input type="checkbox"/> Transcript/Registration <input type="checkbox"/> Course Description <input type="checkbox"/> <u>Syllabus</u> <input type="checkbox"/> Letter From Course Instructor/Department		
Approved/Denied By (Please Print):	Title:	
Signature:	Date:	Number of credit hours transferred to UCDH:

**Return your petition form to:
Utah College of Dental Hygiene
1176 S 1480 W Orem UT 84058
Phone: 801-426-8234
Fax: 801-224-5437
Email: admissions@ucdh.edu**

Comments / Rationale Legend

I	Petition approved. 80% or more similar in course content to the required prerequisites. Adequate documentation was provided.
II	Needs to be re-submitted—inadequate documentation.
III	Petition denied. The course being submitted is insufficient for the requirements and standards.
IV	Course accepted at other dental hygiene programs in the state of Utah.
V	The petition was partially approved; see details for specifications.
VI	Combining two courses is equivalent to meeting the required credit hours.