



Preliminary Course Wish List

Student Last/Family Name: _____

Student First/Given Name: _____

Instructions:

- Select 8 classes you are interested in taking at SF State with number 1 as your top choice.
- Provide **all** course information. Include Class Number if you are using the current Class Schedule to look at courses; otherwise, leave blank.
- Read all notes at the bottom, check boxes, sign and date the wish list form.
- Ask your home university advisor to approve the courses you selected by signing this form.

| | Course Subject # <i>Lower division: 100-299 Upper division: 300-699 Graduate courses: 700 and above</i> | Course Title | SF State Prerequisite Course <i>(if applicable)</i> | Home University Prerequisite Course Equivalent | Class # <i>from Class Schedule</i> | Semester@ SF State Advisor Notes |
|-----|---|---------------------------------|---|---|--|---|
| Ex. | MKTG 434 | Advertising Theory and Practice | MKTG 431 | | 6738 | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

Please check each item below showing that you agree to the program's academic restrictions. I understand that:

- I can enroll in SF State courses only if there is space available; SF State degree-seeking students have priority registration over Semester @ students
- Some courses from the [SF State Bulletin](#) are not offered every semester and I have checked/will check the [SF State Class Schedule](#) for semester offerings
- I may need to show proof that I have met prerequisites for courses
- Submission of this preliminary wish list does not guarantee enrollment into any specific courses, regardless of home university approval.
- I have not put any Semester @ SF State [restricted courses](#) on my wish list

Applicant Signature: X _____

Date: _____

*** This list must be reviewed and approved by the International or Study Abroad Office at Home Institution.**

Advisor Name _____ Advisor Title _____

Institution _____ Advisor Signature _____ Date _____