

**PETITION TO THE FACULTY  
SYRACUSE UNIVERSITY**

**DIRECTIONS:** COMPLETE THE PETITION AND OBTAIN THE REQUIRED SIGNATURES AS INDICATED BELOW:

NAME (PRINT) \_\_\_\_\_ SUID NUMBER \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_ TERM \_\_\_\_\_

COLLEGE/SCHOOL \_\_\_\_\_ CLASS \_\_\_\_\_ DATE \_\_\_\_\_

I RESPECTFULLY PETITION TO:

\_\_\_\_\_  
ADVISOR DATE

DO NOT WRITE ON OTHER SIDE, USE ANOTHER PETITION IF NECESSARY.

TO THE STUDENT: OBTAIN THE REQUIRED SIGNATURES IN THE ORDER GIVEN:

FIRST: PROFESSOR \_\_\_\_\_ DATE \_\_\_\_\_

NEXT: DEPARTMENTAL CHAIRPERSON \_\_\_\_\_ DATE \_\_\_\_\_

HOME COLLEGE DEAN \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRAR \_\_\_\_\_ DATE RECORDED \_\_\_\_\_