

**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 _____