Email:_____

PETITION TO THE FACULTY
SYRACUSE UNIVERSITY

DIRECTIONS: COMPLETE THE PETITON AND OBTAIN THE REQUIRED SIGNATURES AS INDICATED BELOW.

NAME: (PRINT)_____ **SU ID**_____

ADDRESS_____ **TERM**_____

COLLEGE/SCHOOL_____ **CLASS** _____ **DATE**_____

I respectfully petition to take the following course(s) at _____during the _____20___ semester. An official description of the specified course(s) is attached. I request that the course(s) be accepted as follows:

Courses to be taken	Cr	SU equivalent course	Cr	To fulfill what requirement

In order to obtain transfer credit for the above courses, I am aware that I must obtain a grade of C or better in each course. I am also aware that courses taken Pass/Fail may not be considered for transfer credit. The REPEAT OPTION as stated in the General Rules & Regulations may not be fulfilled by transfer credit. In addition, grades from other colleges do not transfer, only the credit transfers. Repeating courses at other colleges will not affect your Grade Point Average.

Comments:_____
_____

AN OFFICIAL TRANSCRIPT MUST BE SENT FROM THE COLLEGE AT WHICH YOU TOOK THE COURSE(S) TO:

ATTN: College Recorder
LCS – Student Records Office
Syracuse University
130 Link Hall
Syracuse, NY 13244-1240

_____
STUDENT SIGNATURE **DATE**

DO NOT WRITE ON OTHER SIDE USE ANOTHER PETITION IF NECESSARY

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

FIRST: ADVISOR_____**DATE**_____

NEXT: DEPARTMENT CHAIR_____**DATE**_____

LAST: DEAN_____**DATE**_____