

Email: _____

PETITION TO THE FACULTY SYRACUSE UNIVERSITY

DIRECTIONS: COMPLETE THE PETITION 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** _____