Email:

PETITION TO THE FACULTY SYRACUSE UNIVERSITY

DIRECTIONS: COMPLETE THE PETITON	AND OBTAIN THE RE	QUIRED SIGNAT	URES AS INDICATED BELOW.		
NAME: (PRINT)	SU ID	SU ID			
ADDRESS		TERM			
COLLEGE/SCHOOL	CLAS	SS DATE			
I respectfully petition to take the follow the20 semester. An the course(s) be accepted as follows:					
Courses to be taken Cr	SU equivalent o	course Cr	To fulfill what requirement		
In order to obtain transfer credit for the each course. I am also aware that cours REPEAT OPTION as stated in the Genaddition, grades from other colleges do colleges will not affect your Grade Poir Comments:	ses taken Pass/Fail ma eral Rules & Regulat not transfer, only the nt Average.	ny not be consider ions may not be credit transfers.	ered for transfer credit. The fulfilled by transfer credit. In Repeating courses at other		
AN OFFICIAL TRANSCRIPT MUST BE SENT FROM THE COLLEGE AT WHICH YOU TOOK THE COURSE(S) TO:		ATTN: College Recorder ECS – Student Records Office Syracuse University 130 Link Hall Syracuse, NY 13244-1240			
STUDENT SIGNATURE	DATE				
DO NOT WRITE ON OTHE	ER SIDE USE AN	OTHER PE	TITION IF NECESSARY		
TO THE STUDENT: OBTAIN THE REC	QUIRED SIGNATURES	S IN THE GIVEN	ORDER:		
FIRST: ADVISOR		DATE			
NEXT: DEPARTMENT CHAIR		DATE			
LAST: DEAN		DATE			