Petition to the Faculty for Graduate Student

Syracuse University
David B. Falk
College of Sport & Human Dynamics

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

NAME (Print) _____ SUID NUMBER _____

LOCAL ADDRESS _____ TERM _____

COLLEGE/SCHOOL _____ DATE _____

I RESPECTFULLY PETITION TO:

Transfer graduate credits earned at another institution and apply those credits toward requirements specified below:

Course #	Title	Credits	Grade	Date Completed	Institution	Substitutes for

COMMENTS OR RATIONALE

_____
ADVISOR SIGNATURE DATE

TO THE STUDENT: USE ANOTHER PETITION IF NECESSARY
OBTAIN THE REQUIRED SIGNATURES IN THE ORDER GIVEN:

DEPARTMENTAL CHAIRPERSON_____ DATE_____

HOME COLLEGE DEAN_____ DATE_____

STUDENT_____ DATE_____

REGISTRAR_____ DATE_____