

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 _____