

SYRACUSE UNIVERSITY PETITION TO FACULTY

DIRECTIONS: Complete top portions of this form and email to casadvising@syr.edu.

Name _____ SUID# _____

Mailing Address _____

Email (@syr.edu) _____ Phone _____

College/School: Arts and Sciences

Select one: Fr, So, Jr, Sr, Grad

Semester (select one): Fall Spring

Year _____

I RESPECTFULLY PETITION TO:

Have the following Language Course (syllabus attached) that I took at my previous institution evaluated for Syracuse University Language Credit

Name of Institution Course was taken: _____

Name of Course and Course prefix: _____

Number of Credit Hours: _____

Name of College Advisor: _____

TO THE STUDENT: Advising & Career Services will obtain the signatures below.

Department
Chairperson _____ Date _____

College/School Undergraduate or Graduate
Office _____ Date _____