PETITION TO PRE-APPROVE TRANSFER CREDIT COURSES

Student Name (Print): ___________________________________________ Date: ___________

SUID#: ______________ Cell: _______________ Email Address: ___________________________

I PETITION FOR PRE-APPROVAL TO TAKE THE FOLLOWING COURSEWORK AT...

Name of Institution (College/University): ________________________________________  
Semester: ________________________ Year: ____________________ ______________

IN ORDER FOR THIS COURSE WORK TO BE TRANSFERRED, I UNDERSTAND THAT...

☐ A copy of the course description or the syllabus for each course is attached to this form (otherwise the form will not be processed)
☐ I must receive a grade of “C” or better and be a student in good academic standing (a cumulative GPA of 2.0 or higher)
☐ All course work must be taken at a Regionally Accredited College or University
☐ No studio classes may be taken for the grading option of Pass/Fail. (In the case that any non-studio class is taken Pass/Fail the grade must be equivalent to a “C” or better and must have supporting documentation)
☐ To receive credit, I will have the above College/University send an official transcript of my grade(s) directly to:
   College of Visual and Performing Arts
   Office of Undergraduate Student Affairs
   200 Crouse College
   Syracuse, NY 13244

COURSE TITLE AND NUMBER SUBSTITUTE FOR COURSE # OF CREDITS
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

REQUIRED SIGNATURES:

Student: ________________________________________________ Date: _____________

Faculty Advisor/Chair/Director: _____________________________ Date: _____________

FOR SU:VPA STUDENT AFFAIRS USE ONLY: APPROVED ______________ Date: _____________