Syracuse University College of Visual and Performing Arts

PETITION TO PRE-APPROVE TRANSFER CREDIT COURSES

Student Name (Print):			Date:	
SUID#:	Cell:	Email Address:		
		ETHE FOLLOWING COURSE		
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 A	ND NUMBER	SUBSTITUTE FOR COUR	SE	# OF CREDITS
		NLY: APPROVED		