

# SYRACUSE UNIVERSITY

Office of the Registrar

PETITION TO FACULTY

*DIRECTIONS: Complete the petition and obtain the required signatures as indicated below:*

Name \_\_\_\_\_ SUID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

College/School \_\_\_\_\_ Select one: Fr, So, Jr, Sr, Grad

Semester (Select one): Fall Spring Summer Year \_\_\_\_\_

I RESPECTFULLY PETITION TO:

TO THE STUDENT: Obtain the required signatures in the order given:

Student \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Professor \_\_\_\_\_ Date \_\_\_\_\_

Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_

College/School Undergraduate or Graduate  
Office \_\_\_\_\_ Date \_\_\_\_\_

Registrar \_\_\_\_\_ Date Recorded \_\_\_\_\_