

Syracuse University

College of Arts & Sciences

DEPARTMENTAL TRANSFER CREDIT PETITION

Directions:

- Complete the form electronically and print.
- Please attach a current course syllabus and submit the form and syllabus to the appropriate department
- Matriculated students are limited to transferring in a total of 16 credits.

Name: _____ SUID: _____

Email: _____@syr.edu College: _____

Major: _____ Minor: _____

Course Information:

Name of College/University where course is offered: _____

Course Subject: _____ Course Number: _____ Course Term: _____

Course Title: _____ Number of Credits: _____

School Type (Optional): Semester School Quarter School

Student Notes (Optional): _____

Signatures:

Student: _____ Date: _____

OFFICE USE ONLY

Course Approval Information:

Approved As: _____

Reason for Denial: _____

Department/College Notes: _____

Department Chair/Minor Coordinator (Print Name): _____

(Sign): _____ Date: _____

College/School Undergraduate Office: _____ Date: _____

Date Received: _____ Date Evaluated: _____ Date Notified: _____

College of Arts & Sciences | Maxwell
Academic and Career Advising

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