PETITION

Transfer Credits

First Name			Last I	Name					ID#			
Email									Degree			
Address						Major Are	ea \Bigg					
City		State	Zip Code			Cognate	Area					
Country						Date						
	erred, and it is n	ny responsibility	ited institution(s) to request the to	ranscrij	pt(s) requ	irements.	l unders	stand the	following :	restrictions		
b. c. d.	be transferi following re each course research co professor w any other co professor w	red, and it is my in estrictions. In must have a gra urses to meet the Tho teaches the c	responsibility to nde of B (3.00) or e AU research rec ourse. ng a required AU	reques higher quirem	t the tran ent must must be a	script(s) re be approv approved i	quiremonder of the design of t	ents. I un e "Approv pproved'	derstand t red" colum	n by y the		
PLEASE TYP	E/PRINT		Γ		(Tı	ranscript s	hould b	e sent dir	rectly to th	e Records	Office)	
			L	nstituti	on:							
Year Taken	Course #	Course # Course Title				# Credits	Grade	AU EquivCourse #		Approved	Deny	
Student Initial:							Date:			*The graduate Dean's signature is needed for any exceptions to minimum standards voted by the Graduate Council, including		
RECOMMENDED:									exception	s to policies f	or provisional/	
Academic A	Advisor:		Approve Den			y Date:			regular admission (including English Language standards), normal course loads, residency,			
Department Chair/Program Director:				Approve Deny Date: degree candidacy and deadlines limitations on degrees, credit transfers, second degrees, updating, grade changes, grade-						degrees,		
Dean, Schoo	Дрр				y Date:			point average requirements, academic probation, comprehensive examinations, projects/theses/				
Dean, Scho	П Арр	rove	☐ Den	y Date:			dissertatio	ons, application n deadlines, e	on for			