

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 _____