Petition for Advanced Standing in a Doctoral Program

INSTRUCTIONS: This petition is used to list completed, advanced coursework applicable to the current doctoral program that was (1) credited to a degree program at another university or (2) completed at Saint Louis University prior to readmission. Courses completed in a master's degree earned at another university will not appear on the SLU permanent record as "transfer credit."

This petition may not be used to document credit for graduate coursework completed in a **non-degree** program. Use the petition for "Transfer of Credit" instead.

Fill in the information below and check the boxes as appropriate. Space is provided on the reverse side of the form for detailing individual, advanced courses that the current program deems acceptable toward the partial fulfillment of doctoral-degree requirements. If an entire master's degree program is deemed acceptable, then indicate this below. **An unofficial copy of transcripts documenting coursework and grades earned must be attached to this petition.** Forward the completed form to the appropriate Dean/Director of your College/School/Center.

Please Print:				
(Last Name, First Name, Middle Initial)		(B	(Banner ID)	
Local Address:				
(Street, Apt)	(City)	(State)	(Zip Code)	
E-mail Address:	Local Phone No)		
Academic term of student's admission to Classified (degr	ree-seeking) status:			
Student's time-period-to-degree expires				
Select ONE of the following options:				
Check here if entire master's degree program from				
is acceptable toward partial fulfillment of doctoral-degree	e requirements. Note that 8	80% of coursewor	k (exclusive of	
dissertation research hours) for the degree must be compl advanced standing.	eted in residence, irrespect	tive of credits acco	epted toward	
Check here if only some of the advanced work previously		•		
doctoral-degree requirements. List specific courses and S	SLU equivalents (if any) or	n the reverse side	of this form.	

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Course Identifier	Semester	University Where Taken	SLU Course Equivalen
	Hours		
		Date	
	ordinator or Dept. Chair)	Date	:
d:		Date	:
(Associate Dean or Dir			
ments of the Dean/I	Director:		

Student's Name_____