

# 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 \_\_\_\_\_