

FRANCISCAN UNIVERSITY OF STEUBENVILLE
REGISTRAR'S OFFICE: 1235 University Blvd.; Steubenville, OH 43952

PETITION TO TAKE COURSES AT ANOTHER INSTITUTION

NAME _____
Last
First
MI
Major
FUS Box or address
on the back of this sheet

Student ID # _____ SSN _____ Advisor _____

I HEREBY PETITION FOR APPROVAL TO ATTEND THE FOLLOWING COLLEGE AND TAKE THE COURSE(S) LISTED:

NAME OF COLLEGE _____ DATES I WILL ATTEND: _____
 ADDRESS _____ Begin Date: _____
 CITY _____ STATE _____ ZIP _____ End Date: _____

COURSE(S): List exact prefix, course number and title and attach course descriptions. (Both requested course **and** Franciscan University equivalent **must be listed**.)

REQUESTED COURSE(S)				FRANCISCAN UNIVERSITY EQUIVALENT				
Dept	No.	Title	Cr. Hr.	Dept.	No.	Title	Core	Cr. Hr.

FOR THE FOLLOWING REASON: _____

I understand that if the petition is approved, the approval is only for the specified college and course(s) listed above. If I enroll in any other institution or course(s), they **will not** be accepted in transfer by the University. I understand that a course taken at another institution **will not** replace the grade of a course previously completed at Franciscan University and that I cannot receive credit for a transfer course for which I have taken an equivalent course at Franciscan University. All other policies as they apply to the acceptance of transfer credit from other accredited institutions apply. An official transcript of the above course work must be received by Franciscan University of Steubenville, Office of the Registrar, during the **first** semester following completion of the approved course(s).

I understand that if I enroll for more than (11) credit hours between terms of attendance at Franciscan University, I am considered a transfer student, and I must re-apply for admission. If readmitted, I understand it will be under the provisions of the catalog in effect at that time. (This does not apply to summer work.)

I understand that I must earn a C (2.00 QPA) or above for credits to be accepted in transfer at Franciscan University.

I understand that my **last** fifteen (15) consecutive credit hours toward an associate degree and my **last** thirty (30) consecutive credit hours toward a baccalaureate degree must be completed at Franciscan University.

NOTE: Concurrent registration (attending Franciscan University and another school in the same semester) is not permitted.

I understand that my last 62 consecutive credit hours must be taken at Franciscan University in order to graduate with academic honors (i.e., *cum laude*).

I have read and understand the above policy and have attained the required signatures (below):

Signature Date

MAJOR ADVISOR OR MAJOR DEPARTMENT CHAIRPERSON:

() Approve () Disapprove Signature _____ Date _____

CHAIRPERSON(S) OF THE DEPARTMENT(S) FROM WHICH TRANSFER COURSE(S) ARE DESIRED:

() Approve () Disapprove Signature _____ Date _____
 () Approve () Disapprove Signature _____ Date _____

Return completed from with required signatures to Enrollment Services/Registrar's Office

REGISTRAR OFFICE ONLY: The above student is:

() In Good academic standing () On Academic Probation () Academically Dismissed

() Approve () Disapprove Signature _____ Date _____