

Student ID:

Last Name:

First Name:

Advisor:

Catalog Term:

Major:

Major Concentration:

Minor:

Graduating Term:

I base this request on the following rationale. If there is additional information for this request, please feel free to attach additional documentation to your email submission.

***Type of Request:**

*Official transcripts must be on file in the Office of the Registrar for petition.

Approvals (Printed Name/ Signature)

Advisor:

Date:

Program/Department Chair:

Date:

Please complete, acquire the appropriate signatures, and return this form to the **Office of the Registrar - RH Room 1207, Campus Box 1047, Edwardsville, IL 62026-1047** or notification sent via official SIUE email to transfercredit@siue.edu.