

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 William Date September 5, 2020

Advisor Tiffany A Kozalka Date 09 Sep 2020

Professor [Signature] Date 9/9/2020

Department Chairperson _____ Date _____

College/School Undergraduate or Graduate Office Amie Redmond Date _____

Registrar _____ Date Recorded _____