

Course Petition

Name: _____ KUID: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____ E-mail: _____

Term: Fall 20____ Summer 20____ Spring 20____

Nature of Petition: (Please use a separate form for each course you are petitioning)

Credit transfer from: _____

Department	Course Number	Course Title	Sem., Year Taken	Credit Hours	Grade
_____	_____	_____	_____	_____	_____

Substitution for a Required Course*

Transfer KU graduate course outside the School of Business*

If you selected the second or third check box above, please list the course number and title for which you are petitioning (e.g.: EMGT 806):

Department	Course Number	Course Title	Credit Hours	Line Number
_____	_____	_____	_____	_____

In a brief statement, please describe why you have submitted this petition. Attach supporting documentation (e.g. course description, syllabus) as needed:

Student Signature: _____ Date: _____

Signature of Consulting Faculty Member (if necessary): _____ Date: _____

-----For department use only-----

Approved: _____ Denied: _____

Committee Representative: _____ Date: _____