SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

Office of the Registrar
Student Petition

Student ID:

Last Name: **First Name:**

Advisor: Catalog Term:

Major: Major Concentration:

Minor: Graduating Term:

This is based on the following rational. Include additional documentation if necessary.

***Type of Request**: Select 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 via official SIUE email to **transfercredit@siue.edu**.