

COLLEGE OF COMMUNITY AND PUBLIC AFFAIRS DEPARTMENT OF HUMAN DEVELOPMENT

Date:				B#:	B#:		
Name:				Phone:			
Address:							
Institution	Course Name	Course number	Credit Hours	Requirement to be satisfied	Term	Approved	Denied
NOTES:							
 You m Comp Have appro 	nust petition <i>ali</i> lete all informa an official trans ved coursewor	coursework you ation requested. script sent to the k upon receipt o	u wish to take Provide a cate address list of an official tra	elopment students <i>only.</i> at another institution. talog description for each co ed when coursework is com anscript showing grades of 0	pleted. Cr C or better.		nted for
COMMENTS:							
	med student h	•	•	institution for the coursewo tion as defined in Note 4 abo			
Academic Adviser's signature:				Date:			
Distribution:	Distribution: Binghamton Registrar			Department of Human Development		Student	

SEND TRANSCRIPTS TO:

Submit electronically, or by mail to: Binghamton University Office of Undergraduate Admissions P.O. BOX 6001 Binghamton, NY 13902-6001