MASTER OF PUBLIC SERVICE AND ADMINISTRATION PROGRAM
PETITION TO USE TRANSFERRED COURSE FOR CREDIT ON DEGREE PLAN

1. First and Last Name: ____________________________

2. UIN: ______________  3. Anticipated Graduation Date: _______  ______

4. Number and name of proposed transferred course:

5. Number and name of course to be replaced by transferred course:

6. University Where Course was Taken: ____________________________

7. Semester and Year Course was Taken: ____________  ____________

Attach the syllabus for the completed course you propose as a substitute. You must also submit a transcript from the university where that course was taken if that transcript was not included in your application materials. Your petition will not be reviewed without the course syllabus and relevant transcript. Proposed course must not have been used as credit toward another degree program. You must have earned at least a grade of “B” in the course.

__________________________  ____________________________
Student Signature  Date  Advisor Signature  Date

☐ Approved  ☐ Disapproved

☐ Approved  ☐ Disapproved

PSAA Department Head Signature  Date