**PETITION FOR ACCEPTANCE OF CREDIT**

Transfer credit that is not accepted by the Office of Admissions at the time of admission can be petitioned for credit to be awarded. Please use this form to complete the petition for the acceptance of credit process.

1. Print this form and fill out the student section below.
2. The student is advised to make an appointment with a department whose coursework is similar in nature with the petitioned courses. This form and a course syllabus for each petitioned course will need to be presented to the department. **Please note that if you are petitioning multiple courses across different departments, you will need to submit one form to each department**.
3. Have your department complete this form and provide the two required signatures for approval; one from a faculty member and one from the department chair.
4. Once the department has completed their approval of these petitioned courses, please return the completed form to the Office of Admissions via email at [admissions\_appeal@utah.edu](mailto:admissions_appeal@utah.edu) or at our service window in Room 250S Student Services Building.
5. Please allow 5 to 7 business days for approved credit to be posted once the form is returned.

**Student Section**: Please fill out the information below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Referral Department** | |  |  | | **Date Referred** |  |
|  | |  |  | |  |  |
| **Student’s Name** | |  |  | | **I.D. Number** |  |
|  | |  |  | |  |  |
| **Email Address** | |  |  | | **Phone Number** |  |
|  |  |  | |
| **Name of Transfer School** | |  | | | | |
|  | |  | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Department Section**   |  |  |  |  | | --- | --- | --- | --- | | **Petition Course Subject and Number** | **Petitioned Course Title** | **Indicate U of U Equivalent Course or elective credit** | **General Ed Designation** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | | | | | | | |

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| --- | --- | --- |
| ***Name of faculty member making recommendation*** | ***Signature*** | ***Date*** |
|  |  |  |
| ***Name of department chair indicating approval*** | ***Signature*** | ***Date*** |

Both signatures are required for the form to be complete.