



# Petition for Transient Letter

Office of the Registrar  
671 Winyah Dr.  
Orlando, FL 32803  
Ph. 407-303-1785 | Fax 407-303-9755

Contact Information:			
_____	_____	_____	_____
Legal Last Name	Legal First Name	Student ID	Phone Number
_____	_____	_____	_____
Street Address	City, State	Zip Code	Program/Program of Interest

**\*\*All information must be completed through the advisor's signature before petition can be processed.\*\***

Transient Institution Information			
Institution Name: _____			
Address: _____			
Street	City, State	Zip Code	
<b>Please provide the <u>exact</u> course name, number, and attach course description. This petition is valid only for the trimester applied.</b>			
Course Name: _____			
Course #: _____	Credit Hours: _____	Trimester/Semester Offered: _____	
ADU Equivalent: _____			
<b>Please provide a brief explanation for your request:</b>			
_____			
_____			
_____	_____	_____	_____
Student Signature	Date	Advisor Signature	Date

Office of the Registrar:		
Student Meets/ Should Meet Residency Requirements: _____		
_____	_____	_____
	Authorized Signature	Date

Department Comments	
Comments: _____	
<b>Course is Equivalent:</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Decision:</b>	_____
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
	Department Chair Signature
	Date

Academic Administration Recommendations:	
Comments: _____	
<b>Decision:</b>	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
	_____
	Academic Administration Signature
	Date