



# Petition for Transient Letter

Office of the Registrar  
671 Winyah Dr.  
Orlando, FL 32803  
Email: AHU.Registrar@ahu.edu

Contact Information:			
_____	_____	_____	_____
Legal Last Name	Legal First Name	Student ID	Phone Number
_____		_____	
AHU Email Address		Program/Program of Interest	

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

Office of the Registrar	
_____	_____
Office of the Registrar Signature	Date

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