



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

AHU Email Address

Program/Program of Interest

Transient Institution Information

Institution Name: _____

Institution Address: _____

Street Address

City, State

Zip Code

Please provide the exact course name, number, and attach course description. This petition is valid only for the trimester applied.

Course Number and Name: _____ Credit Hours: _____

Trimester/Semester Offered: _____ ADU Equivalent: _____

Please provide a brief explanation for your request:

Student Signature

Date

Advisor Signature

Date

Office of the Registrar

Student should meet residency requirements.

☐ Yes

☐ No

Office of the Registrar Signature

Department Comments

Course is Equivalent: ☐ Yes ☐ No

Decision: ☐ Approved ☐ Denied

Comments

Department Chair Signature

Date

Academic Administration Recommendations:

Decision: ☐ Approved ☐ Denied

Comments

Academic Administration Signature

Date