



Petition for Transient Letter

Office of the Registrar
 671 Winyah Dr.
 Orlando, FL 32803
 Email: 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	Advisor Signature	Date

Office of the Registrar	
Student should meet residency requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Office of the Registrar Signature

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

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