Petition to Complete a Course(s) at Another Institution After Matriculation*

Student Name:__________________________________________________TUId:_________________________________________

School/College:__________________ _____________Major/Program: ____________________________

Phone Number: ____________________________ Temple Email Address: ____________________________________@temple.edu

*For Study Abroad requests use Request for Approval to Study Abroad on an External Program

Please initial in the provided space after reading each statement.

I understand that
_____   my cumulative grade point average must be 2.00 or above at the time this petition.
_____  at the time of admission or reenrollment I have fewer than 60 credits in transfer.
_____   after matriculation at Temple I am allowed to transfer credit for two summer or special session courses (up to a maximum of 8 credits.)
_____   I will not be given permission to take a course(s) elsewhere for which the pre-requisites have not been met either at Temple or elsewhere.
_____ General Education coursework must be taken at Temple.
_____ the course(s) I wish to take must be evaluated by the relevant Department’s designee/representative, if not already listed in the Transfer Articulation system.
_____ for this request to be considered, the course cannot currently be available through Temple's distance learning program.
_____ I will not be approved to take a course(s) at another institution, if I have previously attempted the course at Temple.
_____ credits will be only be added to my academic record if an official transcript from the institution has been received by Temple and I earned a grade of “C-” or better in the course(s). [Effective Fall 2015, “C” or higher]
_____ grades in transfer credits do not affect my Temple GPA.
_____ at least 45 of my last 60 credits must be taken at Temple. (Some majors may have additional residency requirements.)

For the complete policy, go to: http://policies.temple.edu/list_docs.asp

Student Signature   Date

I request permission to take the following course(s) during the Summer I___ Summer II___ 20____ semester(s)  Other______ 20____ at:

Name of Institution:_________________________________________Address:_________________________________________________________________

Student completes shaded section

Temple representative completes the information below:

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<thead>
<tr>
<th>Transfer Institution Information</th>
<th>Temple University Information</th>
<th>Action</th>
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<tbody>
<tr>
<td>Dept</td>
<td>Course Number</td>
<td>Course Title</td>
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*Quarter Credits are evaluated at different rates: 2 quarter hour credits are equivalent to 1.5 semester hour credits; 3 quarter hour credits are equivalent to 2.0 semester hour credits; 4 quarter hour credits are equivalent to 2.5 semester hour credits.

**If not a direct equivalent, indicate Elective, UL Elective (Upper Level), or LL Elective (Lower Level).

Labs are typically counted as part of the associated lecture and not as one of the two allowable courses.

Academic Advisor's Signature and Date:   Notes:

Advising Director/Dean's designee signature and Date:

Note: Students on Leave of Absence will not be approved to take courses elsewhere unless their advising office determines that there is a compelling academic reason for taking the course(s) while on Leave of Absence.