

**PETITION TO TAKE COURSES AT ANOTHER INSTITUTION**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Institution	Course name and number	Credit Hours	DSON requirements to be satisfied	Semester/Year	Approved	Denied

<b>N O T E S</b>	<ol style="list-style-type: none"> <li>1. Students are required to complete and submit 2 copies of this form to the Decker Student Services Office (AB112) for approval to take courses at another college or University.</li> <li>2. Course description for each course must accompany this petition.</li> <li>3. A grade of C- or better must be earned in the course for credit to be transferred.</li> </ol>	<b>SEND TRANSCRIPTS TO:</b> Student Services Decker School of Nursing Binghamton University PO Box 6000 Binghamton, NY 13902-6000
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COMMENTS \_\_\_\_\_

Adviser's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO THE REGISTRAR**  
 The above-named student has permission to enroll at your institution for the course work approved above. Credit will be granted at Binghamton University upon completion with a grade of C- or better.