

**PETITION TO TAKE COURSES AT ANOTHER INSTITUTION**

Name \_\_\_\_\_ B-NUMBER \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Date \_\_\_\_\_

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

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|-----------------------|---|--|
| N<br>O<br>T<br>E<br>S | 1. Students are required to complete and submit two copies of this form to the Decker Student Services Office (AB 114) for approval to take courses at another college or University.<br>2. Course description for each course must accompany this petition.<br>3. A grade of C- or better must be earned in the course for credit to be transferred. | <b>SEND TRANSCRIPTS TO:</b><br>Student Services<br>Decker School of Nursing<br>Binghamton University<br>PO Box 6000<br>Binghamton, NY 13902-6000 |
|-----------------------|---|--|

COMMENTS: \_\_\_\_\_

Advisor'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.