

# SYRACUSE UNIVERSITY

School of Architecture

## PETITION TO CHANGE OFF-CAMPUS PLACEMENT

*DIRECTIONS: Complete the petition and return to your academic advisor:*

Name \_\_\_\_\_ SUID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

College/School \_\_\_\_\_ Select one: Fr, So, Jr, Sr, Grad

Semester (Select one): Fall Spring Summer Year \_\_\_\_\_

I RESPECTFULLY PETITION TO:

Current placement (location) & Semester:

\_\_\_\_\_

Desired placement (location) & Semester:

\_\_\_\_\_

Reason for the request (please give a detailed reason):

TO THE STUDENT: Sign and return to your academic advisor for review:

Student \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

College/School Approval \_\_\_\_\_ Date \_\_\_\_\_