PETITION TO TAKE COURSEWORK AT ANOTHER INSTITUTION

Name ________________________________________________  I.D. _________________________
E-Mail Address ______________________________________  Advisor ________________________
Major _________________________________  Concentration ________________________________
Name of Off-Campus Institution ________________________________________________________
City _________________________________________  State _________________________________

Semester to be taken

University of Arkansas Course:                    Off-Campus Equivalent Course:

1) ____________________________________ 1) ____________________________________
   Course Number  Course Name   Course Number  Course Name

2) ____________________________________ 2) ____________________________________
   Course Number  Course Name   Course Number  Course Name

3) ____________________________________ 3) ____________________________________
   Course Number  Course Name   Course Number  Course Name

To check for the Off-campus Equivalencies, please see the Transfer Equivalency Guide available online:
https://www2.uark.edu/web-apps/regr/courseequiv/Main.

To have credit added to your academic record, you must obtain a grade of “C” or better in the course(s) and have an official
transcript sent to the Registrar’s Office (HUNT 146).

Only credit transfers. Grades do not transfer, and they will not be computed into your U of A cumulative GPA.

No developmental or remedial work will transfer.

Students may not earn more than 12 of their last 30 hours at another accredited institution.

Student’s Signature ___________________________ Date ___________________________
Advisor’s Signature ___________________________ Date ___________________________
Dean’s Office Approval __________________________ Date ___________________________

Please return to the AFLS Dean’s Office
AFLS E-108

May 2005