



PETITION FOR PRIOR APPROVAL

SUBMIT THE COMPLETED FORM TO: Office of the Registrar, Eckhart Hall 1st Floor, 347 S. Gladstone Ave. Aurora, IL 60506 Phone: 630-844-5462 Fax: 630-844-5463 Registrar@aurora.edu

Student ID _____ Cell Phone _____ Email _____@aurora.edu Are you a Student Athlete? Yes No

Full Name _____ Are you an Online Student? Yes No Do you receive VA benefits? Yes No

Last Name First Name Middle Name

Per the Aurora University Catalog: It is expected that, once enrolled at Aurora University, a student will earn all subsequent credit toward the degree at the university. Students retaking courses for grade replacement must do so at Aurora University. When a student wishes to register for coursework at another institution due to extenuating circumstances, including taking correspondence a course or CLEP examination, he/she must file a Petition for Prior Approval seeking approval from the Registrar to confirm the work he/she plans to do:

- is not available at Aurora University
• will be transferable
• is applicable toward his/her degree

All prior approvals must be filed and authorized in the Office of the Registrar PRIOR to the start of the Aurora University semester during which the course will be taken. Failure to do so may result in non-transfer of credit.

If approved:

- The course or exam must be taken at the institution and in the term/year indicated on this form.
• Substitutions may not be made for courses already approved.
• Prior Approvals submitted after the stipulated deadlines are subject to a \$30 late fee.
• Undergraduate students within 24 SH of degree completion must also submit a general petition approved by the administrative dean and attached to this prior approval form.
• Graduate students need approval of their graduate program director if taking courses at another college/university after matriculating at Aurora University.
• Official transcripts must be received within 30 days after completion of the course.
• Only transfer work of a "C-" or better will be accepted.

Semester course will be taken : Fall Spring Summer Year _____ Semester you plan to graduate: Fall Spring Summer Year _____

One course/exam per form.

TRANSFER COURSE INFORMATION

OFFICE USE ONLY

Table with 6 columns: Name of Institution or CLEP, Department, Course Number & Course Title or CLEP Exam Title, Purpose, Credit (OH/SH), AU EQUIVALENT, APPROVED OR DENIED.

Provide explanation, listing the extenuating circumstances, for requesting an off-campus course or CLEP exam. Attach a copy of the course schedule showing the course section and time offered for the course.

Large empty box for providing explanation and attaching course schedule.

Are you within the last 24 semester hours toward degree completion? Yes No If yes, you must submit a general petition requesting permission to take a course off-campus within the last 24 semester hours. Have you filed the general petition? Yes No Is it attached? Yes No

By signing this document, I acknowledge that: 1) previously accepted transfer credit may need to be removed in order to accept this credit per University guidelines 2) prior approvals must be filed by the stipulated deadline or will be subject to a late approval fee of \$30 3) I am only approved to take the course/exam listed above at the designated institution 4) official transcripts must be received within 30 days after completion of the course 5) only transfer work of a "C-" or better will be accepted.

Student Signature _____ Date _____ RO - Processed by: _____ Date: _____

RO Notes: _____ per _____ Date: _____