PETITION FOR PRIOR APPROVAL
$25.00 Filing Fee

OFFICE OF THE REGISTRAR
AURORA UNIVERSITY
Aurora, IL 60506-4892
630-844-4935

PLEASE FILL OUT COMPLETELY AND PRINT LEGIBLY. A COPY OF THE FORM WILL BE MAILED TO YOU

NAME _____ STUDENT ID # _____

STREET _____ HOME PHONE (_____)_____

_____ CELL PHONE (_____)_____
CITY, STATE, ZIP

E-MAIL ADDRESS _____

NOTE: Please read the following information carefully.

- All prior approvals must be filed and authorized in the Registrar's Office prior to the start of the course.
- Courses must be taken at the institution indicated on this form.
- Substitutions may not be made for courses already approved.
- **Undergraduate students within 24 semester hours of degree completion must submit a general petition approved by the academic dean of their program allowing transfer credit along with the 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(s).

TRANSFER COURSE INFORMATION					**OFFICE USE ONLY**	
Name of Institution	Term/ Year	Department, Course Number & Course Title	Gen Ed or Major	Credit (QH/SH)	ALLOW	DISALLOW

____ NOTE: Previously accepted transfer credit may need to be removed in order to accept this credit _____
Registrar's Initials

_____NOTE: This is not considered to be a transferable course _____
Registrar's Initials

COLLEGE LEVEL EXAMINATION PROGRAM (CLEP)	**OFFICE USE ONLY**	
	Allow	Disallow
Exam Title:		

Credit Card Number | | | | | | | | | | | | | | | | |

☐ Visa ☐ MasterCard ☐ Discover Expiration Date _____/_____ _____ _____
SIGNATURE OF CARDHOLDER DATE

_____ _____
STUDENT ACCOUNTS DATE

_____ _____
REGISTRAR'S OFFICE DATE