

PETITION FOR PRIOR APPROVAL
\$25.00 Filing Fee

OFFICE OF THE REGISTRAR
 AURORA UNIVERSITY
 630-844-5462 Fax: 630-844-5463

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

NAME _____ STUDENT ID # _____ Student Athlete: Yes No

HOME PHONE (____) _____ CELL PHONE (____) _____ AURORA UNIVERSITY 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 and in the term/year indicated on this form.
- Substitutions may not be made for courses already approved.
- **Undergraduate students within 24 SH of degree completion must submit a general petition approved by the academic dean of their program 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(s).

TRANSFER COURSE INFORMATION					OFFICE USE ONLY	
Name of Institution	Term/Year	Department, Course Number & Course Title	Purpose: (i.e. major, KOA, endorsement, MTH1100)	Credit (QH/S H)	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	
Exam Title:	Term/Year	Purpose: (i.e. major, KOA, endorsement, MTH1100)	Allow	Disallow

Student Signature _____ **Date** _____

Credit Card Number

Last 3 Digits on back of card

Visa MasterCard Discover Expiration Date ____/____ Signature of Cardholder _____ Date _____

Student Accounts _____ Date _____ Recorded _____

Registrar's Office _____ Date _____ Notified _____

05/11 _____ Advisor _____