



PETITION FOR CREDIT

INSTRUCTIONS:

1. Type or print in black
2. Submit petition to the Admissions Office, Room SSA 107

| | | | |
|----------------|------------|----------------|-------------------|
| Last Name | First Name | Middle Name | Date |
| Street Address | City | State Zip Code | Telephone # |
| | | | Student ID Number |

Fill in completely to ensure proper processing of the petition. Please fill out one petition for each department or discipline. **A copy of transcripts and course descriptions must be attached. No Exceptions.**
Official transcript must be mailed directly to the Admissions Office from the University or College to receive credit.

| | |
|--|-----------------------------------|
| _____ Name of College or University where course(s) was completed | _____ Department or Discipline |
| <u>Course Completed at other College/University & Semester taken</u> | <u>Equivalent LAHC Course</u> |
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| _____ Student Signature | _____ Date |

| | | | |
|--|--|--|--|
| Division Chairperson Action: Deny <input type="checkbox"/> Grant <input type="checkbox"/> | Note Comment <input type="checkbox"/> Note Condition <input type="checkbox"/> | Administrative Action: Deny <input type="checkbox"/> Grant <input type="checkbox"/> | Note Comment <input type="checkbox"/> Note Condition <input type="checkbox"/> |
| _____ Division Chairperson Signature | _____ Date | _____ Official's Signature | _____ Date |

Comments:

| | |
|--|------------------------|
| FOR OFFICE USE ONLY: PETITION NUMBER: | DATE STUDENT NOTIFIED: |
|--|------------------------|