

CITY UNIVERSITY OF NEW YORK
University Transfer Credit Appeals Form

Student Name: _____ Date: _____

Student ID #: _____ Phone # _____

Email: _____

Address: _____

Student is transferring from: CUNY College (name) _____

NON-CUNY College (name) _____

Submission date of campus appeals process: _____

This form is only for students who have met with their advisor, reviewed their finalized transfer credit evaluation report, and completed the local campus appeals process.

- Name of college where the course or courses were transferred *from*: _____
- Course(s) to be Evaluated: _____
- Credits, Requirements or Pathways area requested for this/these Courses (Pathways Core/Flexible Core, Major Credit, Elective, etc.): _____
- Intended Major/Minor at college to which you are transferring: _____

Along with this form, please submit:

- ☐ a brief statement outlining the reasons for your appeal (limit to 1 page)
- ☐ a syllabus (if available) and catalog course description of the course you have taken

All information should be submitted to: academicaffairs@cuny.edu *[upload documents as attachments via email]*

You should expect within two business days confirmation via email that your appeal submission has been received. You should expect to receive an email in response to your petition within 10 business days. If you do not receive either the confirmation or the response in this time period, please contact the Campus Transfer Coordinator at your college.

CUNY OAA Decision: Granted:____ Denied:____ Request additional information: _____