Transfer Credit Appeal
Undergraduate

NAME: ___________________________ DATE: ________________________________

EMPLID: ________________________ SEMESTER OF ENTRY: _________________

TELEPHONE: ____________________ *EMAIL: ________________________________

This form should only be used if your transfer credit deadline has passed and needs to be accompanied by supporting documentation as “checked-off” below. **Any change to a student’s credit evaluation may result in the loss of financial aid eligibility**

Choose one or more from the options below. If your request does not fall into one of these categories, please inquire with the TSSC.

☐ Evaluate outstanding courses requiring academic department review

☐ Add missing transfer courses from _________________ for ______ semester

☐ Add degree notation from __________________________ college/university

☐ Add courses to second degree (The “Second Bachelor’s Degree - Transfer Credit Request” form should accompany this appeal)

☐ Re-Evaluation for (list courses)__________________________________________________

Briefly describe the reason deadline was missed:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

For Office Use Only:

Approved: ________ Denied: ________ Initials: ________ Date: __________

New Transfer Credit Deadline Date / Comments:

*Note: After submitting this appeal you will be contacted by email. Please be sure to provide your preferred email address. Please allow 2 weeks for decision to be made.

Rev: 2/2016