

Transfer Credit Evaluation Appeal

Please Note: Form must be filled out electronically

Instructions for student:

- 1. Complete Parts A and B and assemble documentation for Part C.
- 2. Meet with your academic advisor to complete Parts D and E.
- 3. Submit your completed appeal directly to your academic advisor. Advisors, please submit the materials as a scanned document to the Office of the University Registrar at tce@csuohio.edu.

Note: You will be notified of the outcome of your appeal by letter to your home address as listed in the university student database. Please ensure that **all** contact details (including phone and email address) are kept up-to-date in **CampusNet** to facilitate the notification process.

PART A: STUDENT INFORM	ATION		
Name:		CSU ID#:	
Advisor Name:		Advisor E-mail:	
PART B: COURSE INFORMA	TION (please use a separate fo	rm for each course under appea	al)
College/University where the course was taken:	Course Prefix & Number from institution taken at:	Title of Course taken:	Appears on CSU transcript as: CSU 1XX etc.
I am requesting that this cours	e be re-evaluated as a:		
General Education Requirement (SS, AH, etc.)		Specific CSU Course (CHN 101, Chinese I)	
PART C: SUPPORTING DOC	UMENTATION		
Typed statement from the	student detailing the rationale	of the requested change (requ	ired)
Copies of the course desc class syllabus should also URL (required)	ription from the catalog of the be submitted if available. All	college/university where the co information provided from the	urse was originally taken. The internet must also include the
Letter of support from the course be given a direct	appropriate CSU academic de equivalency to a CSU course		s are seeking that a transfe
PART D: ADVISOR SIGNATU You must meet with an acad		ur appeal and review your d	ocumentation.
Advisor signature:		Date:	
PART E: STUDENT SIGNATURE With my signature, I hereby au		mittee to review any pertinent a	academic records.
Student signature:		Date:	