



Cleveland State University

Transfer Credit Evaluation Appeal

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 INFORMATION

Name: _____ CSU ID#: _____

PART B: COURSE INFORMATION (please use a separate form for each course under appeal)

Original course number & title: _____

College/university where the course was taken: _____

Appears on my CSU transcript as (e.g. CSU 1XX Lower Division Elective): _____

I am requesting that this course be re-evaluated as a:

- General Education Requirement**
Category (e.g. Arts & Humanities – Non US): _____

OR

- Specific CSU Course**
Course Number & Title (e.g. PSY 311 Behavioral Science Statistics): _____

PART C: SUPPORTING DOCUMENTATION

- Typed statement from the student detailing the rationale of the requested change (**required**)
- Copies of the course description from the catalog of the college/university where the course was originally taken. The class syllabus should also be submitted if available. All information provided from the internet must also include the URL (**required**)
- Letter of support from the appropriate CSU academic department (**required if students are seeking that a transfer course be given a direct equivalency to a CSU course**)

PART D: ADVISOR SIGNATURE

You must meet with an academic advisor to discuss your appeal and review your documentation.

Advisor signature: _____ Date: _____

Advisor name (printed): _____

PART E: STUDENT SIGNATURE

With my signature, I hereby authorize the TCE Appeals Committee to review any pertinent academic records.

Student signature: _____ Date: _____

Office Use Only: Date Received: _____ Signature: _____