

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 INFORMATION

| Name: | CSU ID#: | |
|---------------|-----------------|--|
| | | |
| Advisor Name: | Advisor E-mail: | |

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

| 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 course be re-evaluated as a:

General Education Requirement (SS, AH, etc.)

PART C: SUPPORTING DOCUMENTATION

| Typed statement from the student detailing the rationale of the requested ch | ange (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: | | | |
| PART E: STUDENT SIGNATURE With my signature, I hereby authorize the TCE Appeals Committee to review any | y pertinent academic records. | | | |
| Student signature: | Date: | | | |