

Date Sent:

Student Appeal to Transfer Credit Evaluation //////////////////////////////////////

To:

Department:

For Student to fill out:

Student Instructions: Attach a copy of the transfer course syllabus to this form and send to the department chair of the course in question or the registrar's office for review.

Name: _____ email: _____ phone: _____

Transfer Institution & Location: _____

Transfer Course Subject, Number, and Title: _____

Registrar's Original Transfer Evaluation: _____

Requested Truman Course: _____

Reason for Appeal: _____

For Department to fill out:

Department Instructions: You have received this form because a student is appealing a transfer credit decision made by the Registrar's Office. A course syllabus is attached. Feel free to contact the student or the Registrar's Office for questions or to request additional information. The department's evaluation will set the precedence for all students who transfer the course. If you feel that the student's request would be better handled on an individual basis, then a substitution form may be an acceptable solution. Please review all the information and indicate your evaluation of the course.

Please check one of the following:

____ Course equivalent to the following Truman course: _____

____ Course equal to a Truman Elective 100-200 level in this subject: _____

____ Course equal to a Truman Elective 300-400 level in this subject: _____

____ Course Not Transferrable to Truman State University

____ More information required (if so please list here: _____)

____ Not applicable to this department (Please suggest other department: _____)

Please return this form to the Registrar's Office in McClain Hall 104 after it has been completed.

Thank you for your time and input!