

# Fredonia Transfer Credit Appeal Form

***Please attach a copy of the catalog course description and a syllabus for the course.***

Name: \_\_\_\_\_ Fredonia ID: \_\_\_\_\_

Local Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Subject, Course No. and Title of Course being reviewed: \_\_\_\_\_

Course completed at (name of college): \_\_\_\_\_

Requesting equivalency for:  
\_\_\_\_\_ Fredonia course (Subject, Course No., Title) \_\_\_\_\_  
\_\_\_\_\_ CCC category: \_\_\_\_\_  
\_\_\_\_\_ Elective credit

Please provide a brief reason for your appeal:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Departmental/Associate Provost for CCC Review** Date received \_\_\_\_\_

\_\_\_\_\_ Appeal Approved *(Notify the student via email and forward the form to the Registrar's Office.)*

\_\_\_\_\_ Appeal Denied *(Notify student via email. Retain the form for 5 days. If the form is not picked up in 5 working days, forward to the Registrar's Office.)*

Rationale for decision:

Name of reviewer:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Dean** Date received: \_\_\_\_\_

\_\_\_\_\_ Appeal Approved

\_\_\_\_\_ Appeal Denied

Rationale for decision:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*(Notify the student via email and forward the form to the Registrar's Office.)*