! "#\$%&' "()*+"#\$%, -%). %\$, */% University Transfer Credit Appeals Form

Student Name:	Date:
Student ID #:	Phone #
Email:	
Address:	
Student is transferring from:	CUNY College (name)
I	NON-CUNY College (name)
Submission date of campus ap	peals process:
	who have met with their advisor, reviewed their finalized transferompleted the local campus appeals process.
Name of college where	e the course or courses were transferred fig.
Course(s) to be Evalua	ted:
•	or Pathways area requested for this/these Courses (Pathways ajor Credit, Elective, etc.):
Intended Major/Minor	at college to which you are transferring:
	ubmit: ning the reasons for your appeal (limit to 1 page) and catalog course description of the course you have taken
All information should be sub-	mitted to: <u>academicaffairs@cuny.</u> edu [####
has been received. You should business days. If you do not re	business days confirmation via email that your appeal submission expect to receive an email in response to your petition within 10 exceive either the confirmation or the response in this time period, ansfer Coordinator at your college.
CUNY OAA Decision: Grant	ed: Denied: Request additional information: