TRANSFER CREDIT APPEAL FORM

Student Name:_____DOB:_____

BASIS OF APPEAL

Please include course number(s), title of course(s), and hours of credit being appealed (if applicable):

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Submitted By:_____Date:_____

PLEASE ATTACH A COPY OF THE RELEVANT TRANSFER CREDIT EVALUATION TO THIS FORM

Associate Registrar
730 Lincoln Tower
1800 Cannon Drive
Columbus, OH 43210
614-292-1556

REGISTRAR'S OFFICE USE ONLY

Resolution:_____

_____

Signature:_____