

**Alfred State College - Transfer Credit Appeal  
Student Appeal Form**

Student Name: \_\_\_\_\_

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

Campus or Home Address: \_\_\_\_\_  
\_\_\_\_\_

Student ID#: \_\_\_\_\_  
Campus E-mail Address: \_\_\_\_\_  
Campus or Home Phone #: \_\_\_\_\_

SUNY College Transferring credits from: \_\_\_\_\_

Course not Transferred		
Course Prefix & Number	Course Name	Credit Hrs

Alfred State Course seeking credit for:		
Course Prefix & Number	Course Name	Credit Hrs

Student Signature: \_\_\_\_\_

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

Submit the completed and signed form, with the attachments below, to your academic department chair.

- Attach: 1) a copy of the course description and outline from the transferring institution.  
2) a copy of the course description and outline for the Alfred State College course for which you are seeking credit.

**Student Department Chair**

Date appeal received	Signature	Decision (x)		Signature	Date student Informed	Registrar's Office (x)
		Yes	No			

**Student School Dean**

Date appeal received	Signature	Decision (x)		Signature	Date student Informed	Registrar's Office (x)
		Yes	No			