

## **Transfer Credit Appeal Form**

## 800.977.8449 | 251.981.3771 | FAX: 251.224.0575

This form is to be used in compliance with the Transfer Credit Policy to request further review by the appropriate Academic Program Director in regard to transfer credit decisions on the degree program evaluation. Please submit request to <u>RegistrarAppeals@columbiasouthern.edu</u>.

SECTION A. STUDENT INFORMATION							
Legal Name	Prospe			Prospect/ Stu	udent ID #		
Email					Phone		
Degree Program							
SECTION B: Reason for Request Please use the space below to provide an explanation for your request. You must submit supporting documentation. Examples include Official Transcript, Certificate and other documents as requested by Academic Program Director.							
Academic Institution or Training Provider		Comparable Course			CSU Course Requested		
		Course #		Title	Course	e #	Title
SECTION C: Remarks							