



Transfer Credit Student Appeal Form
(Revised 4/16/13)

Name: _____ Date: _____

Address: _____ City: _____ State _____ Zip _____

Contact #: _____

SUNY College Transferring From: _____

Course Wanting to Transfer: _____
(Subject/Catalog #/Title; ex ACCT 115 Financial Accounting)

SUNY College Transferring to: SUNY College of Technology at Delhi

Course Wanting Credit or Placement For: _____
(Subject/Catalog #/Title, ex HUMN 170 Philosophy)

Eligibility: This process is only for SUNY students in associate degree programs who have been accepted or are currently enrolled in baccalaureate programs at a SUNY institution, and who do not agree with the campus decision regarding acceptance or placement of credit earned elsewhere at SUNY.

Along with this cover sheet, the following information is required:

- a letter outlining the reasons for the appeal
- a course description and syllabus of the course the student has taken

All information should be sent to:

Mrs. Nancy L Smith
Registrar
SUNY College of Technology at Delhi
454 Delhi Drive
Delhi, NY 13753-4454

Date Received in Registrar's Office: _____ Received By: _____

Accept Appeal _____ Deny Appeal _____ Date _____ Initials _____