

Appeal of Transfer Credit Decision

PART A • BASIS OF APPEAL (To be completed by applicant)

Please complete a separate form for each course to be reviewed.

| | | |
|-------------------------------------|---|---|
| Post-secondary institution attended | Course for which transfer credit is requested | U of S course for which credit or exemption is sought |
|-------------------------------------|---|---|

Please indicate the reason for this appeal, including any circumstances you wish the department to consider in its assessment. If you require additional space, please attach a separate sheet of paper.

| | |
|----------------|-----------------------------------|
| Student's Name | U of S Student Number 1 |
| Email | Telephone |
| Signature | Date (dd/mm/yyyy) |

PART B • BASIS OF ORIGINAL TRANSFER CREDIT RULING (To be completed by admissions officer)

Please indicate the original evaluation and reason for decision below.

| | | |
|--------------------------|-------------------------------|-------------------|
| To College/Department of | Admission officer's signature | Date (dd/mm/yyyy) |
|--------------------------|-------------------------------|-------------------|

PART C • DEPARTMENTAL EVALUATION (To be completed by the department head or designate)

- Original ruling upheld
 Transfer Credit reassessed as follows:

U of S Equivalent _____

Note: if an exact equivalent cannot be determined, please indicate subject and level (junior, senior, or unspecified) and credit units

This reassessment applies this case only **OR** all future cases of this nature

| | |
|--|-------------------|
| Department head (or designate) signature | Date (dd/mm/yyyy) |
|--|-------------------|