CITY UNIVERSITY OF NEW YORK University Transfer Credit Appeals Form

This form is only for students who have met with their advisor, reviewed their finalized transfer credit evaluation report, and completed the local campus appeals process on their college campus. For more information about this process, visit: www.cuny.edu/pathways and click on "Student Rights, Responsibilities, and Appeals."

Name of current CUNY college where you are enrolled:	-
Date that you submitted an appeal about this matter to your current college:	-
Student Information	
Student Name: Date:	
Student ID #: Phone #	
Email:	
Address:	
Information about your Appeal	
• In applicable, name of college where the course or courses were transferred from:	
Course(s), AP Credit, or Prior Learning Credit to be Evaluated:	
Credits/Requirement fulfillment requested (Pathways Common Core, Pathways College Option, Major etc.):	Credit, Elective,
What is your Major/Minor?	-
Along with this form, please submit:	
 a brief statement outlining the reasons for your appeal (limit to 1 page) a syllabus (if available) and catalog course description of the course you have taken, or identifying description and score earned on an examination taken. 	ng information,
All information should be submitted to: pathways@cuny.edu	
You should expect within two business days confirmation via email that your appeal submission has bee should expect to receive an email in response to your petition within 10 business days. If you do not reconfirmation or the response in this time period, please contact the Campus Transfer Coordinator at you	eive either the

CUNY OAA Decision: Granted: ___ Denied: ___ Request additional information: ____