

City College Transfer Credit Appeals Form

Student Name: _____ Date: _____

Student ID #: _____ Phone # _____

Email: _____

Address: _____

Student is transferring from: CUNY College (name) _____

NON-CUNY College (name) _____

Submission date of campus appeals process: _____

This form is only for students who have met with their advisor and reviewed their finalized transfer credit evaluation reports.

- Name of college where the course or courses were transferred *from*: _____
- Course(s) to be Evaluated: _____
- Credits, Requirements or Pathways area requested for this/these Courses (Pathways Core/Flexible Core, Major Credit, Elective, etc.): _____
- Intended Major/Minor at City College:

Along with this form, please submit as email attachments:

- 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

All information should be submitted to: Prof. Jane Gallagher, Chair of Academic Standards, jgallagher@ccny.cuny.edu (Administration Building, Rm. 206).

You should expect within two business days confirmation via email that your appeal submission has been received. You should expect to receive an email in response to your appeal within 10 business days. If you do not receive either the confirmation or the response in this time period, please contact Prof. Gallagher.