

**State University of New York Maritime College
Transfer Credit Appeal Application**

Name: _____ Date: _____

Address: _____ ID # _____

Telephone: _____ E-mail: _____

SUNYMARITIMECOLLEGE SUNYMARITIMECOLLEGE SUNYMARITIMECOLLEGE

Transfer Institution: _____

Transfer Course in Question: (one course per form): _____

Number of credits: _____

Rationale for request: _____

Student Signature: _____

Along with this cover sheet, please submit the catalog description from the year the course was completed. Other relevant supporting materials (syllabus, textbook titles, projects completed) may be submitted but are not required.

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Submit this form to:

Academic Dean
c/o Enrollment Services
Registrar
Baylis Hall
Fax: 718-409-7264

The campus has 10 business days in which to respond to your appeal.

Please indicate how you would like to receive correspondences: Telephone E-mail