

## TRANSFER CREDIT APPEAL APPLICATION

Student Information			
Student ID#:			
Name:			
First	Middle	Last	
Email Address:	@sunymaritime.edu	Phone:	
Transfer Credit Appeal Inf	<u>formation</u>		
Please indicate the institution (	(e.g., the college or university) and i	nformation for the cours	e you wish to appeal
Transfer Institution:			
Transfer Course(s) In Question	(one course per form)	Title	Credits
Rational for Request:			
	ase submit the catalog description fro yllabus, textbook titles, projects comp		
Student Signature:		Date:	
person in Baylis Hall. The re	to the Office of the Registrar via e equest will be forwarded to the A their designee). The campus will r	ssociate Provost for Aca	demic Programs,
Rev. 06/09/2022			