



TRANSFER CREDIT APPEAL APPLICATION

Student Information

Student ID#: _____

Name: _____
First Middle Last

Email Address: _____ Phone: _____

Transfer Credit Appeal Information

Please indicate the institution (e.g., the college or university) and information for the course you wish to

appeal. Transfer Institution: _____

Transfer Course(s) In Question (one course per form) _____
Course # Title Credits

Rational for Request:

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.

Student Signature: _____ **Date:** _____

This form must be submitted to the Office of the Registrar via email (registrar@sunymaritime.edu) or in person in Baylis Hall. The request will be forwarded to the Associate Provost for Academic Programs, Planning and Assessment (or their designee). The campus will respond to your appeal within 10 business days.