



**AULTMAN**College  
OF NURSING AND HEALTH SCIENCES  
**TRANSFER CREDIT APPEAL REQUEST FORM**

Institution and Location	Department & Course Number	Complete Course Title	Grade	Number of Credit Hours (Sem. Or Qtr.)	Term/Year Taken	Desired ACNHS Equivalent	Approved for transfer credit
Example: Any Univ; City, State	Math 211	Algebra I	A	3 sem. credits	Fall 07	Math 103	Yes

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_