



TRANSFER CREDIT APPEAL REQUEST FORM

****Student must attach copy of course syllabus for appeal to be considered**

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 (80% Content Match)
<i>Example: Any Univ; City, State</i>	<i>Math 211</i>	<i>Algebra I</i>	<i>A</i>	<i>3 sem. credits</i>	<i>Fall 10</i>	<i>Math 105</i>	<i>Yes</i>
Student's Signature:		Date:		Evaluator's Signature:		Date:	
Student's Printed Name:				Evaluator's Printed Name:			