AULTMAN COLLEGE

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)
Example: Any Univ; City, State	*Math 211*	*Algebra I*	*A*	*3 sem. credits*	*Fall 10*	*Math 105*	*Yes*

Student's Signature: Date: Evaluator's Signature: Date:

Student's Printed Name: Evaluator's Printed Name:

(Please complete, sign and submit the form and corresponding documents to: Registrar@aultmancollege.edu)

Revised: 03.18.19