

Date Presented _____

**ST. CLOUD STATE UNIVERSITY
ACADEMIC AFFAIRS OFFICE
CREDIT TRANSFER APPEAL**

Student Name _____ Student ID# _____

Address _____ Phone Number (_____) _____

_____ E-mail address _____

Institution that granted the credits (please use a separate form for each institution)

Name _____

Address _____

Phone Number _____

Description of credit transfer request, including respective courses at granting institution and SCSU (indicate if this involves the Minnesota Transfer Curriculum; attach additional sheets as necessary):

Supporting documentation (must accompany this form)

_____ Official transcript (required)

_____ Course syllabus

_____ Course description

_____ Sample assignments or exams

_____ Other (describe) _____

Office use only

Department _____

Department recommendation/comments:

Signature of Department Chair or Designee

Date

Office of Academic Affairs action:

_____ Approved _____ Denied

Comments:

Signature for Office of Academic Affairs

Date