

## SUNY Oneonta Transfer Credit Student Appeal Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

ID # \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax # \_\_\_\_\_

**Eligibility: This process is only for SUNY students in associate degree programs who have been accepted or are currently enrolled in a bachelor's program at SUNY Oneonta, and who do not agree with the campus decision regarding acceptance or placement of credit earned during their associate degree programs in SUNY.**

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SUNY College Transferring From: \_\_\_\_\_

Course Wanting to Transfer (one course per form): \_\_\_\_\_  
# of credits

Course Wanting Credit or Placement For: \_\_\_\_\_  
# of credits

Student Signature: \_\_\_\_\_

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Along with this cover sheet, the following information is required:

- ☐ a letter outlining the reasons for the appeal
- ☐ a syllabus of the transfer course under evaluation
- ☐ any additional transfer course materials available
- ☐ the student's credit evaluation and/or advisement document from SUNY Oneonta

A letter will be sent to you confirming receipt of your appeal. The campus has 10 business days in which to respond to your appeal. Please indicate below how you would like to receive correspondences.

☐ Postal Mail

☐ Fax

☐ E-mail

All information should be sent to:

Ms. Maureen P. Artale  
College Registrar, SUNY Oneonta  
130 Netzer Administration Building  
Oneonta, NY 13820  
FAX: (607) 436-2164

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Office Use Only:

Received: \_\_\_\_\_

Initials: \_\_\_\_\_

Sent to Department: \_\_\_\_\_

Dept Decision: Y/N

Response to Denial Attached: Y/N

Dept. Initials: \_\_\_\_\_

Dean's Review: Concur? Y/N \_\_\_\_\_