

Fredonia Transfer Credit Appeal

This appeal process can be used when a student wishes to contest the way his or her transfer course was evaluated (that is, whether the course was equated to a specific Fredonia course or applied to a particular degree requirement). The appeal must be made during the student's first semester of enrollment at Fredonia.

1. The student contacts a transfer counselor in the Registrar's Office regarding the course in question. The counselor will determine if a revision can be made immediately or will explain the appeal process.
2. If a formal appeal is requested, the student will complete the Transfer Credit Appeal Form below, and submit it to the appropriate department chairperson/program director or CCC Director. *The appeal must be accompanied by a course description and syllabus from the previous school.*
3. The appeal will be reviewed, and a decision made, within five working days* of receipt of the form. The department chair/director will e-mail the decision to the student. If the appeal is approved, the form will be returned to the Registrar's Office.
4. If the appeal is not approved, the student will have five working days* to pick up the appeal form from the department and submit it to the appropriate office for the final review:
The Dean will review credit or equivalency appeals
The Associate Vice President for Academic Affairs will review CCC appeals
5. The Dean or Associate Vice President will make a final decision within five working days* of receipt of the form. He/She will e-mail the decision to the student. The form will be returned to the Registrar's Office.

Students transferring from SUNY schools, who are not satisfied with the Fredonia decision, can appeal to the SUNY Provost. The appeal form and instructions are available at:
<http://www.suny.edu/provost/transfer/studentform.cfm>

*Please note: Working days are defined as days when University classes are in session during the Fall and Spring semesters, excluding weekends.

Transfer Credit Appeal Form

Please attach a copy of the catalog course description and a syllabus for the course.

Name:

Fredonia ID:

Local Address:

Local Phone:

Email:

Subject, Course No. and Title of Course being reviewed: _____

Course completed at (name of college): _____

Requesting equivalency for:

_____ Fredonia course (Subject, Course No., Title) _____

_____ CCC category: _____

_____ Elective credit

Please provide a brief reason for your appeal:

Signature _____ Date _____

Departmental/CCC Review

Date received _____

_____ Appeal Approved *(Notify the student via email and forward the form to the Registrar's Office.)*

_____ Appeal Denied *(Notify student via email. Retain the form for 5 days. If the form is not picked up in 5 working days, forward to the Registrar's Office.)*

Rationale for decision:

Name of reviewer:

Signature: _____ Date _____

Dean/Assoc. Vice President Review

Date received: _____

_____ Appeal Approved

_____ Appeal Denied

Rationale for decision:

Signature: _____ Date _____

(Notify the student via email and forward the form to the Registrar's Office.)