



Transfer Credit Appeal Form

The Office of Admissions provides transfer credits evaluations based upon official transcripts from all institutions attended prior to enrollment at Elizabeth City State University. The Office of Admissions makes the determination of the award of transfer credit consistent with University policy. Transfer credit evaluations will not be adjusted after 30 days of original transfer credit.

Name: _____ Date: _____ 97# _____

Student Email Address: _____ Phone Number: _____

Instructions for Students

You are responsible for attaching catalog course descriptions and syllabi to this form in support of your appeal. Incomplete appeal forms will not be considered. Submit completed forms to the ECSU academic department that offers the coursework from which you wish to receive credit.

Transfer Institution: _____

Transfer Course Prefix, Number, Title, Credit: _____

Transfer Course Prefix, Number, Title, Credit: _____

Requested ECSU Equivalent Course & Credit: _____

NOTE: Incomplete or illegible forms will not be processed. Forms submitted after 30 days of the original transfer credit received at Transfer Student Orientation will not be processed.

INSTRUCTIONS FOR ACADEMIC DEPARTMENTS

Transfer credit appeals apply globally to all students. Re-evaluations must be approved by a department chair or designated department representative. If academic department does not approve the student appeal, please provide an explanation of denial as an attachment.

___ I approve the equivalency ___ I **do not** approve the equivalency

Department Representative: _____ Title: _____

Department: _____

Signature: _____ Date: _____

Asst. Director of Transfer Admission _____ Date: _____